



**NATIONAL ACTIVE & RETIRED FEDERAL EMPLOYEES' ASSOCIATION
REQUEST FOR REIMBURSEMENT OF EXPENSES**

Date: _____

NAME: _____ TITLE: _____

ADDRESS: _____
STREET/PO BOX, CITY, STATE, ZIP

PHONE: (_____) _____ EMAIL: _____

EXPENSES: (Attach copies of receipts where possible)

Travel: Round Trip Mileage _____ x \$ _____ = \$ _____
Miles \$.40 cents/mile Total

From: _____ to _____

Trip Date: _____ Trip Purpose: _____

Other Trip Expenses (Itemize, if additional space required, attach on separate sheet of paper):

Office:

Postage: _____ Copies: _____ Phone: _____

Other (Itemize, if additional space required, attach on separate sheet of paper):

TOTAL Reimbursement claimed: \$ _____

Signed: _____ **Date:** _____

Please print your answers to all of the above before sending this request with the expense receipts to the Federation President for approval. Federation President will forward to Federation Treasurer for payment.

APPROVAL BY PRESIDENT, VICE PRESIDENT, SECRETARY: Federation Treasurer is authorized to pay \$ _____ for the above request to the named requestor.

Signature – Federation President /Vice President/Secretary Date

Federation Treasurer's Action: This authorization of \$ _____ was paid by Check # _____ on _____ and mailed or given to Requestor.

Signature – Federation Treasurer Date