



**SOUTH CAROLINA NARFE FEDERATION
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 \$.40 cents/mile = \$ _____ Maximum mileage reimbursement = \$100.00
Miles Driven Total

From: _____ to _____

Trip Date: _____ Trip Purpose: _____

Other Trip Expenses (Itemize on the line below – if additional space is required, attach on a separate sheet of paper):

Office:

Postage: _____ Copies: _____ Phone: _____

Other (Itemize on the line below – if additional space is required, attach on a separate sheet of paper):

TOTAL reimbursement claimed: \$ _____

Signed: _____ **Date:** _____

Print or type your answers to all of the above before sending this request with the expense receipts to the Federation President, Executive Vice President or Secretary for approval and forwarding to the Federation Treasurer for payment.

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

Signature – Federation President, Executive Vice President or Secretary Date

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

Signature – Federation Treasurer Date
SC Federation Form 2 Rev (6/30/2018)