

NARFE

National Active & Retired Federal Employees Association

South Carolina Federation of Chapters REQUEST FOR REIMBURSEMENT OF EXPENSES

Date _____
Trip mileage Expense (50 ¢/mile) Round Trip Mileage _____ x \$.50 = _____
for round trip from _____ to _____
Date of trip _____
Purpose of trip _____
Other Expenses _____

Name _____
Title _____
Address _____
City _____ State _____ Zip _____
Phone (Area Code) (_____) _____

Office Expenses
Postage _____ Copies _____ Phone _____
Other _____
Total Reimbursement claimed \$ _____

Signed _____ Date _____

Please print your answers to all the above including your personal address before sending this request with your expense receipts to the Federation President for approval before sending to the Federation Treasurer for payment.

Federation President's Approval Statement

The Federation Treasurer is authorized to pay \$ _____ in accordance with the above request to the above named requestor.

Signed Federation President Date _____

Federation Treasurer's Statement

This authorization of \$ _____ was paid by Check # _____ On Date _____

Signed Federation Treasurer Date _____
For Accounting Use Only
Department _____
Date Posted _____

