

NARFE

National Active & Retired Federal Employees Association

South Carolina Federation of Chapters

REQUEST FOR REIMBURSEMENT OF EXPENSES

Date _____
Trip mileage Expense (50.5 ¢/mile) Round Trip Mileage _____ x \$.505 = _____
for round trip from _____ to _____
Date of trip _____
Purpose of trip _____
Other _____
Signed _____ Date _____
Name _____ Title _____
Address _____
City _____ State _____ Zip _____
Phone (Area Code) (_____) _____

Office Expenses
Postage _____ Copies _____ Phone _____
Other _____

Total Reimbursement claimed _____

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 _____

SC Federation Form 2

01/08