



Missouri Federation of NARFE – Expense Report

Name: _____

Month: _____

Year: _____

1. TRAVEL EXPENSES

Dates		Purpose of Trip	Common Carrier	Travel		Subsistance		Description
From	To			Auto		Meals incl Tips	Lodging incl Tax	
				Miles	X \$.50			
		CHAPTER SUPPORT						
		EXECUTIVE BOARD						
		OTHER:						
		OTHER:						
		OTHER:						
		OTHER:						
		OTHER:						
		COLUMN TOTALS:						

2. OFFICE EXPENSES

Postage:		Supplies:	
Phone:		Allow:	
Misc:			

3. TRAVEL EXPENSES:

4. PERSONAL EXPENSES:

5. OFFICE EXPENSES:

6. TOTAL EXPENSES:

Amount to be reimbursed:

SUBMITTED BY:

(Signature)

(Title)

(Date)

APPROVED:

(Signature)

(Title)

(Date)