

NFPC EXPENSE REPORT

NAME: _____

ADDRESS: _____

DATE: _____

1. PURPOSE: _____

| DATES | SUNDAY | MONDAY | TUESDAY | WEDNESDAY | THURSDAY | FRIDAY | SATURDAY |
|----------------|--------|--------|---------|-----------|----------|--------|----------|
| 2. LODGING | | | | | | | |
| 3. MILEAGE | | | | | | | |
| 4. CAR RENTAL | | | | | | | |
| 5. LIMO/TAXI | | | | | | | |
| 6. AIRLINE | | | | | | | |
| 7. OTHER TRANS | | | | | | | |
| 8. MISC. ITEMS | | | | | | | |
| 9. BREAKFAST | | | | | | | |
| 10. LUNCH | | | | | | | |
| 11. DINNER | | | | | | | |
| 12. TOTALS | | | | | | | |

13. (DETAILS OF GROUP MEAL EXPENSES INCLUDED FROM ABOVE)

| DATES | PERSONS IN ATTENDANCE | PURPOSE |
|-------|-----------------------|---------|
| | | |

14. NATIONAL FEDERATION CHARGED EXPENSES _____ \$ _____

15. CASH/CHARGED EXPENSES DUE BACK TO YOU _____ \$ _____

PLEASE ATTACH RECEIPTS FOR ALL REIMBURSABLE CHARGES EXCEEDING \$25.00.

HOW TO USE THIS FORM

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| <ol style="list-style-type: none"> 1. 2. 3. 4. 5. 6. 7. 8. 9, 10, 11. 12. 13. 14. 15. | <ol style="list-style-type: none"> 1. Indicate purpose EX: Travel to Council of Consultants or Board of Directors meeting 2. Hotel room rate include applicable charges 3. Personal vehicle use 55.5 cents per mile 4. Daily car rental charges 5. Limo/taxi cab + tip 6. Airline ticket cost (Indicate total on first of last day of travel) 7. Non-airline costs 8. Out of pocket expenses 9, 10, 11. Daily meal expenses also include group meals 12. Daily totals 13. Details of group meal expenses from lines 9-11 14. Expenses charged to or provided by NFPC 15. Anticipated cash/charge expenses reimbursed to you |
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Return to: Terry Oldes

NFPC 333 N. Michigan Ave., Suite 1205 Chicago, IL 60601

E-mail: oldes@nfpc.org Tel: 312. 442.9700, ext. 203, Toll free: 888.271.NFPC (6372) Fax: 312.442.9709