

**Receipts
Required
For ALL items,
except mileage.**

North Florida Area Conference-Expense Reimbursement Form
 NFAC-P. O. Box 360831-Melbourne FL-32936-0831 or treasurer@aanorthflorida.org

Office or Committee: _____ Date Submitted: _____

	\$	Total
Duplication: Copies for: _____	\$ _____	
Copies for: _____	\$ _____	
Copies for: _____	\$ _____	\$ _____
Postage: Postage for: _____	\$ _____	
Postage for: _____	\$ _____	
Postage for: _____	\$ _____	\$ _____
Supplies: _____	\$ _____	
_____	\$ _____	
_____	\$ _____	\$ _____
Literature: _____	\$ _____	
_____	\$ _____	
_____	\$ _____	\$ _____
Mileage: _____ Miles for Assembly		
_____ Miles for Officers Interim Meeting		
= _____ Total miles at \$.40 per mile =		
+ _____ Total tolls		\$ _____

Event (1): _____ Date: _____

Lodging	\$ _____	
Meals	\$ _____	
Airfare	\$ _____	
_____ Miles at \$.40	\$ _____	
_____	\$ _____	
_____	\$ _____	\$ _____

Event (2): _____ Date: _____

Lodging	\$ _____	
Meals	\$ _____	
Airfare	\$ _____	
_____ Miles at \$.40 =	\$ _____	
_____	\$ _____	
_____	\$ _____	\$ _____

Other: _____ \$ _____

_____ \$ _____

_____ \$ _____

Make check to: Name: _____ GRAND TOTAL \$ _____

Office Use: Date Paid: _____ Check # _____
 Rev 04/2014

Please do not pay Florida sales tax. We are exempt. See the Treasurer for a sales tax exemption form.