

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

**North Florida Area Conference
Expense Reimbursement Form 2010**

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 \$.35 per mile		\$ _____
_____ + Tolls		\$ _____
Event(1): _____ Date: _____		
Lodging	\$ _____	
Meals	\$ _____	
Airfare	\$ _____	
_____ Miles at \$.35	\$ _____	
_____	\$ _____	
_____	\$ _____	\$ _____
Event(2): _____ Date: _____		
Lodging	\$ _____	
Meals	\$ _____	
Airfare	\$ _____	
_____ Miles at \$.35 =	\$ _____	
_____	\$ _____	
_____	\$ _____	\$ _____
Other: _____	\$ _____	
_____	\$ _____	
_____	\$ _____	\$ _____

Write check to Name: _____ **GRAND TOTAL \$** _____
(Remember to Include page 2 totals in Grand Total)

Office Use: Date Paid: _____ Check # _____

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

Event(3): _____ Date: _____

Lodging	\$ _____	
Meals	\$ _____	
Airfare	\$ _____	
_____ Miles at \$.35 =	\$ _____	
_____	\$ _____	\$ _____
_____	\$ _____	

Event(4): _____ Date: _____

Lodging	\$ _____	
Meals	\$ _____	
Airfare	\$ _____	
_____ Miles at \$.35 =	\$ _____	
_____	\$ _____	\$ _____
_____	\$ _____	

Mail check to:

Name: _____

Address: _____

City/Zip _____

Telephone: _____

MAIL ALL REIMBURSEMENT FORMS TO:

**NFACAA
P.O. BOX 567
MELBOURNE, FL 32902**

OR GIVE TO TREASURER AT NEXT MEETING