

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

**North Florida Area Conference
Expense Reimbursement Form**

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 # _____
Event(3): _____ Date: _____

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

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

Event(4): _____	Date: _____	
Lodging	\$ _____	
Meals	\$ _____	
Airfare	\$ _____	
_____ Miles at \$.40 =	\$ _____	
_____	\$ _____	\$ _____
_____	\$ _____	

Name: _____

Address: _____

City/Zip _____

Telephone: _____

Return Form & all receipts (except for mileage) to Treasurer or mail to:

NFAC
5205 N. Sonora Terrace
Beverly Hills FL 34465