

Federation of New York Insurance Professionals, Inc.

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EXPENSE REPORT

REIMBIRSEMENT AS STATED PER STANDING RULE #12 - (RECEIPTS MUST BE ATTACHED TO REPORT)

OFFICE OR COMMITTEE: REGION: LOCAL ASSOCIATION: REASON FOR EXPENSE: Mileage From: Mileage To: 0.27 Per approved mile 0.27 Per approved mile 1/2 of DOUBLE ROOM RATE: MEALS: BREAKFAST @ LUNCH @ DINNER @ TOTAL MEAL EXPENSE: TOTAL MEAL EXPENSE:	NAME:						
LOCAL ASSOCIATION: REASON FOR EXPENSES: Mileage From: 0.27 Per approved mile 0.27 Per approved mile 1/2 of DOUBLE ROOM RATE: MEALS: BREAKFAST @ LUNCH @ DINNER @ TOTAL TRAVEL EXPENSE: OTHER EXPENSES: POSTAGE: PHOTOCOPIES:	ADDRESS:						
ACCAL ASSOCIATION: REASON FOR EXPENSE: TRAVEL EXPENSES: Mileage From: 0.27 Per approved mile 0.27 Per approved mile 1/2 of DOUBLE ROOM RATE: MEALS: BREAKFAST @ LUNCH @ DINNER @ TOTAL TRAVEL EXPENSE: OTHER EXPENSES: POSTAGE: PHOTOCOPIES:	OFFICE OR COMMITTEE:						REGION:
TRAVEL EXPENSES: Mileage From: 0.27 Per approved mile 0.27 Per approved mile TOLLS: TOTAL TRAVEL EXPENSE: LODGING: 1/2 of DOUBLE ROOM RATE: BREAKFAST @ LUNCH @ DINNER @ TOTAL MEAL EXPENSE: OTHER EXPENSES: POSTAGE: PHOTOCOPIES:	LOCAL ASSOCIATION:						
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PAID CHECK # DATE: BY:	DAID CUTCUU		D.4.77		DV.		