

**Tennessee Federation of Chapters**  
**National Active and Retired Federal Employees Association**  
**Expense Report**

Name: \_\_\_\_\_ Office held: \_\_\_\_\_

Mailing address: \_\_\_\_\_  
\_\_\_\_\_

E-mail: \_\_\_\_\_

Phone: \_\_\_\_\_

Expense period - Day/Month/Year: \_\_\_\_\_ Quarter: \_\_\_\_\_

Event for reimbursement: \_\_\_\_\_

**Activity for Reimbursement:**

Travel by car (miles) \_\_\_\_\_ @ \$.50 per mile = \$ \_\_\_\_\_

Travel by air ----- \$ \_\_\_\_\_

Travel times: beginning - Date \_\_\_\_\_ Hour \_\_\_\_\_ a.m./p.m. \_\_\_\_\_

Date \_\_\_\_\_ Hour \_\_\_\_\_ a.m./p.m. \_\_\_\_\_

Lodging (hotel/motel) ----- \$ \_\_\_\_\_

Meals up to \$40.00 per day (per policy) ----- \$ \_\_\_\_\_

Supplies/copies ----- \$ \_\_\_\_\_

Postage ----- \$ \_\_\_\_\_

Phone ----- \$ \_\_\_\_\_

Other (name/list) ----- \$ \_\_\_\_\_

**Total** ----- \$ \_\_\_\_\_

**SIGNATURE** \_\_\_\_\_ Date \_\_\_\_\_

Person submitting expenses

**Approved** \_\_\_\_\_ Date \_\_\_\_\_

Financial Secretary

**Approved** \_\_\_\_\_ Date \_\_\_\_\_

President

Receipts must be attached

New mileage rates effective 8/23/08

New meals policy effective 8/22/08

Submit to: Glenda Huff  
415 Mountain View Dr.  
Seymour TN 37865-4321

**Voucher #** \_\_\_\_\_  
Assigned by Financial Secretary