

FEDERATION OF NEW YORK INSURANCE PROFESSIONALS

EXPENSE REPORT

Send requests to:
Sharon Seney
63 Wolf Hill Road
Voorheesville, NY 12186 or
Fax 518-456-0350

REIMBURSEMENT AS STATED PER SR #12
(RECEIPTS MUST BE ATTACHED TO REPORT)

DATE: _____

NAME: _____

ADDRESS: _____

OFFICE OR COMMITTEE: _____

LOCAL ASSOCIATION: _____

REGION: _____

REASON FOR EXPENSE: _____

TRAVEL EXPENSES

MILEAGE FROM _____ TO _____
@ .2525 PER MILE (BOARD MEETING) _____
@ .2525 PER MILE (ALL OTHER APPROVED TRAVEL) _____

TOLLS: _____

TOTAL TRAVEL EXPENSES _____

LODGING:

1/2 OF DOUBLE RATE: _____

MEALS:

BREAKFAST @ \$5.00 _____
LUNCH @ \$5.00 _____
DINNER @ \$10.00 _____

TOTAL MEAL EXPENSE _____

OTHER EXPENSES: (PLEASE ITEMIZE)

POSTAGE: _____
TELEPHONE: _____
PHOTO COPIES _____
MISCELLANEOUS _____

TOTAL OTHER EXPENSES _____

TOTAL OF ALL EXPENSES _____

PAID CHECK # _____ DATE _____ BY _____