



# Federation of New York Insurance Professionals, Inc.

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## EXPENSE REPORT

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

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

OFFICE OR COMMITTEE: \_\_\_\_\_ REGION: \_\_\_\_\_

LOCAL ASSOCIATION: \_\_\_\_\_

REASON FOR EXPENSE: \_\_\_\_\_

### TRAVEL EXPENSES:

Mileage From: \_\_\_\_\_ Mileage To: \_\_\_\_\_

0.27 Per approved mile \_\_\_\_\_

0.27 Per approved mile \_\_\_\_\_

TOLLS: \_\_\_\_\_

TOTAL TRAVEL EXPENSE: \_\_\_\_\_

### LODGING:

1/2 of DOUBLE ROOM RATE: \_\_\_\_\_

### MEALS:

BREAKFAST @ \_\_\_\_\_

LUNCH @ \_\_\_\_\_

DINNER @ \_\_\_\_\_

TOTAL MEAL EXPENSE: \_\_\_\_\_

### OTHER EXPENSES:

POSTAGE: \_\_\_\_\_

PHOTOCOPIES: \_\_\_\_\_

MISCELLANEOUS: \_\_\_\_\_

TOTAL OTHER EXPENSES: \_\_\_\_\_

TOTAL ALL EXPENSES: \_\_\_\_\_

PAID CHECK # \_\_\_\_\_ DATE: \_\_\_\_\_ BY: \_\_\_\_\_