

FEDERATION OF NEW YORK INSURANCE PROFESSIONALS EXPENSE REPORT

Send Request to: Jill Burlison, 439 Oxford St, Oneida, NY 13421, email: [obxnc1017@msn.com](mailto:obxnc1017@msn.com)

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

DATE: \_\_\_\_\_

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

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

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

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

REGION: \_\_\_\_\_

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

TRAVEL EXPENSES

MILEAGE FROM: \_\_\_\_\_ TO: \_\_\_\_\_

~~.33~~ ~~.29~~ Per approved mileage \_\_\_\_\_

~~.33~~ ~~.29~~ Per approved mileage \_\_\_\_\_

TOLLS \_\_\_\_\_

TOTAL TRAVEL EXPENSES \_\_\_\_\_

MEALS BREAKFAST \_\_\_\_\_

LUNCH \_\_\_\_\_

DINNER \_\_\_\_\_

TOTAL MEAL EXPENSES \_\_\_\_\_

OTHER EXPENSES POSTAGE, PLAQUES, PINS, ETC \_\_\_\_\_

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

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

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