



# NARFE

National Active and Retired Federal Employees Association

Flowertown Chapter #1082, Summerville SC

## REQUEST FOR REIMBURSEMENT OF EXPENSES

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Title (if applicable): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**SC Convention:**

Date of Trip: \_\_\_\_\_

Registration: \$ \_\_\_\_\_

Driving Allowance (if applicable): \$ \_\_\_\_\_

Total SC Convention: \$ \_\_\_\_\_

**Office Expense:**

Postage: \$ \_\_\_\_\_ Copies: \$ \_\_\_\_\_ Phone: \$ \_\_\_\_\_

Other (Description): \_\_\_\_\_ \$ \_\_\_\_\_ Total Office Expense: \$ \_\_\_\_\_

Other Expenses (Description): \_\_\_\_\_ \$ \_\_\_\_\_ Total Other Expense: \$ \_\_\_\_\_

Total Reimbursement Claimed: \$ \_\_\_\_\_

\_\_\_\_\_  
**Signed – Requestor**

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

**Chapter President's Approval:**

The Chapter Treasurer is authorized to pay \$ \_\_\_\_\_ in accordance with the above request to the above named requestor.

\_\_\_\_\_  
**Signed – Chapter President**

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

**Chapter Treasurer's Statement:**

This authorization of \$ \_\_\_\_\_ was paid by Check # \_\_\_\_\_ on this date: \_\_\_\_\_.

\_\_\_\_\_  
**Signed – Chapter Treasurer**

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