**Florida Association & Foundation of FCCLA, Inc.**

# P.O. Box 22733

# Tampa, FL 33622

813.300.2458

**EXPENSE REPORT**

**\*\*IN ORDER TO BE REIMBURSED FOR EXPENSES, ALL EXPENSE REPORTS MUST BE RECEIVED WITHIN 30 DAYS FOLLOWING A MEETING OR EVENT, OR YOU WILL NOT BE REIMBURSED.**

**Please sign the form and attach ALL receipts for anything other than meals. Also be sure to include a clear mailing address complete with street (or P.O. Box) in order to collect your reimbursement in a timely manner.**

| Name: |
| --- |
| Title: |
| SS# |
| **Address to send check** |
| Street: |
| City/Zip |
| Dates Covered: |
| Purpose of Expense: |

| **DATE** | **DESCRIPTION** | **TRAVEL** | **TOLLS** | **TRANSPORT RENTAL/AIR** | **MEALS $6/$11/$19** | **POSTAGE** | **OTHER (DESCRIBE)** | **TOTALS** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
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|  | **Travel :** |  |  |  |  |  |  |  |
|  | **Fr: To: (RT) \_\_\_miles x .585** |  |  |  |  |  |  |  |
|  | **TOTALS:** |  |  |  |  |  |  |  |

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_ Executive Director \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_**