

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
	Travel :							
	Fr: To: (RT) ___miles x .585							
	TOTALS:							

Signature: _____ Date: _____ Executive Director _____ Date: _____