

PANEL 49 - 2010
North Florida Area Expense Reimbursement Form
Do Not Use Old Reimbursements Forms

Name: _____

(Check only one and indicate District Number, Position or Name of Event where applicable)

- | | |
|--|--|
| <input type="checkbox"/> D.R. _____ | <input type="checkbox"/> Alt.D.R. _____ |
| <input type="checkbox"/> AISL _____ | <input type="checkbox"/> Coordinator _____ |
| <input type="checkbox"/> NFA Officer _____ | <input type="checkbox"/> Event Chairperson _____ |
| <input type="checkbox"/> Past Delegate _____ | <input type="checkbox"/> Other _____ |

Part I (*To be completed by all):

Room number if staying at the **NFA Contract hotel**—(# _____)

Room Cost if staying at a Non NFA contract facility	\$ _____ *
Gasoline cost for Round trip	\$ _____
Tolls	\$ _____
Food	\$ _____
Registration Fee (Assembly only if not a GR)	\$ _____

Total Part I \$ _____

Part II (*To be completed **only** by Officers, Coordinators and Event Chairs when applicable):

Telephone	\$ _____
Postage	\$ _____
Supplies	\$ _____
Travel (other than part I above)	\$ _____
Printing/copying	\$ _____
Other _____	\$ _____
Other _____	\$ _____
Other _____	\$ _____

Total Part II \$ _____

Grand Total Part I and Part II \$ _____

Member Signature: _____ Date _____

Paid by Check Number _____ Date ____/____/____ Amount _____

***See reverse side for expense guidelines, as well as room and meal allowances.**

