

National Active and Retired Federal Employees Association  
Newport Chapter 0869

Application for reimbursement of expenses  
Attach copies of applicable receipts

Mileage/Toll Expenses	Date and Amount

Subtotal \_\_\_\_\_

Miscellaneous Expenses	Date and Amount

Subtotal \_\_\_\_\_

Signature of Claimant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Approval Officer: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Treasurer: \_\_\_\_\_ Date: \_\_\_\_\_

Date Paid: \_\_\_\_\_ Check # \_\_\_\_\_