

National Active and Retired Federal Employees Association
RI Federation of Chapters

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 # _____