



OFFICER'S EXPENSE REPORT

Name _____	Month _____ Year _____
	Page _____ of _____ Pages

Travel Expenses								
DATES		PURPOSE OF TRIP	TRAVEL			SUBSISTENCE		OTHER (please specify)
From	To		Common Carrier	AUTO: # Miles	@ _____ ¢ per mile	Meals (inc. tip)	Lodging (incl. tax)	
COLUMN TOTALS:								

2. Office Expenses	
POSTAGE \$ _____	SUPPLIES \$ _____
TELEPHONE \$ _____	MISC.: \$ _____

3. Total Charges to NARFE Credit Cards	
AMEX: \$ _____	VISA: \$ _____

For Accounting Office Use Only

Vendor ID No. _____
 A/P OD No. _____
 Expense Acct. _____
 Date Posted _____
 Amount \$ _____

(Modified Form FH-2 - dpz2019)

4. Summary of Expenses	
A. Travel Expenses	\$ _____
B. Office Expenses	\$ _____
C. Less personal expenses charged to NARFE	\$ _____
D. Total NARFE expenses	\$ _____
5. A. Total charged to NARFE Credit Cards	\$ _____
B. Reimbursement claimed	\$ _____

Submitted By: _____
(signature) date
Approved: _____
(signature) date