NARFE OFFICERS EXPENSE REPORT

Name:	Month:
Street Address:	Year:
City, State, ZIP:	Page _____ of _____
Area Code & Phone No.:	Date Submitted:

NARFE Form AF-1

1. TRAVEL EXPENSES			Travel			Subsistence		Other
Dates		Purpose of Trip	Common Carrier	Auto		Meals (Incl Tips)	Lodging (Incl Tax)	Specify Expense
From	To			Miles	$.35/mile			
		Total Each Column----->						

2. OFFICE EXPENSES			
Postage		Supplies	
Telephone		Misc	

3. FEDERATION TREASURER USE ONLY			
Expense Account Balance			
Minus Amount this Report			
New Expense Account Balance			
Federation Treasurer Initials:		Date:	
For official use only			

3. SUMMARY OF EXPENSES	
A. Travel Expenses (Total all columns Section 1)	
B. Office Expenses (Total from Section 2)	
C. Less Personal Expenses	
D. Total of All Expenses	
E. Reimbursement Claimed	
Submitted by:	
Signature:	
Approved by:	
Federation President	