



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 \$ _____

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 Card: \$ _____

B. Reimbursement claimed \$ _____

Submitted By:

_____ date

Approved:

_____ date