TEXAS FEDERATION
NARFE

Name:	
Title:	
Address & suite:	
City, St, Zip	
Phone w AC & email:	

OFFICER'S EXPENSE REPORT — **Attach all receipts and travel coupons**

Month/Year: _____ — **Show each date separately**

Date	Chapter or Meeting-Common Carrier POV___ By Air ____	No. of MILES		Amt. * 0.40	Meals BLD		Lodging Taxes & Tips	Other
				-		-		
				-		-		
				-		-		
				-		-		
				-		-		
				-		-		
				-		-		
				-		-		
				-		-		
				-		-		
	TOTAL	-		$ -	$	-	-	-
				Travel Expenses				-

Postage (Amount only)	Office Supplies	Printing & Copying	
			-
			-

Grand Total of all expenses listed above -

Submitted By: _____ **Date:** _____

APPROVED _____ **Date**_____

AVP

APPROVED _____ **DATE**_____

TITLE TF PRESIDENT

DISTRIBUTION OF EXPENSES

ITEM #_____**AMOUNT**_____ **ITEM #** _____**AMOUNT**_____

ITEM #_____**AMOUNT**_____ **ITEM #** _____**AMOUNT**_____

PAID $_____ **CHECK #**_____ **DATE**_____

FEDERATION TREASURER_____

Form TF-2 (Revised 1/2024)