



**Expense Reimbursement Report Officers, Board Members,
Council and Committee Members**

The instructions for this form can be found on the reverse side. Please complete the entire form. Please attach all receipts to your expense report as needed. For items greater than \$50, receipts are mandatory or the item will not be reimbursed. Submit one copy to the FLAGD office, and retain a copy for your records. A copy of the form will be sent back to you once the expenses have been approved.

Name _____ Date _____

Email Address _____ AGD # _____

Address _____ City _____ State _____ Zip _____

Name of Meeting _____ Beginning Date of Travel _____ End Date of Travel _____

Description of Item	Requested Amount	Approved Amount	Comments
1. Air fare, bus or rail (paid by traveler)			
2. Mileage (_____ miles X \$._____ per mile)			
3. Tolls			
4. Taxi/Shuttle			
5. Parking			
6. Hotel – maximum 3 nights (attached hotel bill)			
7. Per Diem (2 days @ \$75 per day)			
8. Other (be specific)			
TOTALS			

The above expenses listed were incurred by me on behalf of the FLAGD.

Signature _____ Date _____

Approved by _____ Paid by check # _____
Treasurer