



**Expense Reimbursement Report Officers, Board  
Members, Council and Committee Members - 2019**

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
Air fare, bus or rail (paid by traveler)			
Mileage (_____) Miles x \$(.58 per mile)			
Tolls			
Taxi/Shuttle			
Parking (____) Days			
Hotel (____) nights (attach hotel bill)			
Per Diem (____) days @ \$75 per day)			
Other (be specific)			
<b>TOTALS</b>			

THE ABOVE EXPENSES LISTED WERE INCURRED BY ME ON BEHALF OF FLAGD.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Approved by \_\_\_\_\_ Paid by check # \_\_\_\_\_  
Treasurer