



EXPENSE REPORT

NAME: _____
 ADDRESS: _____
 DATE: _____
 EVENT DESCRIPTION: _____

DATES	/	/	/	/	/	/	
	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
LODGING							
MILEAGE (57.5 cents per mile)							
CAR RENTAL							
TAXI/LIMO/TRAIN							
AIRLINE							
MISC. ITEMS							
BREAKFAST							
LUNCH							
DINNER							
TOTALS	\$	\$	\$	\$	\$	\$	\$

DETAILS OF GROUP MEAL EXPENSES (IF APPLICABLE)

<u>DATES</u>	<u>PERSONS IN ATTENDANCE</u>	<u>PURPOSE</u>

NFPC CHARGED EXPENSES: \$ _____
 CASH/CHARGED EXPENSES DUE BACK TO YOU: \$ _____

PLEASE ATTACH RECEIPTS FOR ALL REIMBURSABLE CHARGES EXCEEDING \$25.00

PLEASE MAIL OR EMAIL THESE EXPENSES TO :
 TERRY OLDES - NFPC - 333 N. MICHIGAN, SUITE 1114 - CHICAGO, IL 60601
oldes@nfpc.org 312-442-9700 Toll Free-888-271-NFPC (6372)