

NNJGS Area 44 Expense Reimbursement Sheet

Area Committee Member Submitting Report
 Name _____
 Position _____

Reimbursement Data
 Check Payable to _____
 Check No. _____ Check Date _____

1. Travel Expenses	Date(s)	Event	From	To	Miles	Rate	Mileage Reimb.	Tolls	Parking	Cab Fare	Bus/Train/Air	Total
<i>Example</i>	<i>Feb 1-3</i>	<i>NERAASA</i>	<i>Piscataway NJ</i>	<i>Pittsburgh PA</i>	<i>400.00</i>	<i>0.445</i>	<i>178.00</i>	<i>5.00</i>				<i>183.00</i>
Total Travel												

2. Conference/Convention Expenses	Date(s)	Event	Registration/M meal Plan	Non Plan Meals	Hotel Rate	Nights	Amount	Other 1*	Other 2*	Total
<i>Example</i>	<i>Feb 1-3</i>	<i>NERAASA</i>	<i>102.00</i>	<i>25.00</i>	<i>82.00</i>	<i>2.00</i>	<i>164.00</i>			<i>291.00</i>
Total Conference/Convention										

Please Explain Items Under "Other" Columns:

3. Other Committee/Officer Expenses	Date(s)	Event/Item	Printing	Postage	Supplies	Refreshments	Facility Reimb	Phone Calls	Other 1*	Other 2*	Total
<i>Example</i>	<i>Jan 16th</i>	<i>Area Committee</i>	<i>50.00</i>	<i>5.00</i>	<i>10.00</i>	<i>0.00</i>	<i>0.00</i>	<i>0.00</i>	<i>0.00</i>	<i>0.00</i>	<i>65.00</i>
Total Travel											

Please Explain Items Under "Other" Columns:

4. Vendor/Office Expense Payments	Date(s)	Vendor/Agency	Event/Item	Comments	Total
<i>Example</i>	<i>Jan 16th</i>	<i>NJ Tax Authority</i>	<i>LLC Filing</i>	<i>Due once a year. Data from Accountant</i>	<i>25.00</i>
Total Travel					

Please Explain Items Under "Other" Columns:

TOTAL EXPENSE REIMBURSEMENT		
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Note: Receipts for all expenses must be attached to this request.