

Expense Reimbursement Request Form

Reimbursements >\$200 need pre-approval 21 days before date of expense.

Please make check payable to:



Member Name: _____

Member Address: _____

City/State/Zip: _____

EXPENSES:

Date of Exp	Explanation of Expense	NFA Event or Activity	Account/Purpose Admin/Accounting use only	Amount
Subtotal				\$
Direct Payment Towards Expenses				\$
Subtotal Less Direct Payment				\$
Total Reimbursement Amount				\$

Please attach original receipts and submit form within 30 calendar days of date of expense.

Check one to elect to make this expense a contribution/donation to NFA:

- I would like to contribute the total amount to NFA*
- I would like to contribute \$_____ to NFA*
An acknowledgement letter will be sent if your donation is over \$250.

Member Signature: _____ Date _____

Approved by: _____ Date _____

Officer Title: _____

Check # _____	Check Date _____	Mail Date _____
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End of fiscal year expense reimbursement requests due by September 15th.