

EXPENSE REPORT

ONLY FOR REIMBURSEMENT OF EXPENSES RELATED TO ACTIVITIES APPROVED BY THE NATIONAL COMMISSION

Name				
Social Security Number				
Meeting or Other Activity				
Location				
Dates Inclusive	—			
Air Fare* Reimbursement will not exceed tourist-class rate.				\$
Ground Transportation*				\$
Mileage _____ miles @ \$0.485 per mile Reimbursement will not exceed air fare and will not include meals or lodging en route.				\$
Parking*				\$
Hotel*				\$
Meals*				
Dates				
Breakfast				
Lunch				
Supper				
Subtotals				
Total				\$
Other Expenses* List in detail. Attach documentation. _____ _____ _____				\$
Total Total reimbursement is limited to \$650 per meeting or other activity.				\$
Mail reimbursement to _____ _____ _____ _____ _____, _____, _____ CITY STATE ZIP				
SIGNATURE			DATE	

*Attach original receipts and mail to NCCAA, PO Box 15519, Atlanta, GA 30333-0519.