

FFCA EXPENSE REPORT (FORM-4)



FLORIDA FIRE CHIEFS' ASSOCIATION EXPENSE REPORT (FORM-4)



Payment is requested for expenses, which were incurred while on official Association business.
(Please submit separate expense reports for each meeting)

TRAVELER INFORMATION			
Name:		Report	
Street:			
City:	State:	FL	Zip:

MEETING INFORMATION			
Purpose:			
Destination:			
Start Date:	Start Time:		
End Date:	End Time:		
MILEAGE EXPENSE	MILES	RATE	DOLLARS
Total Miles Traveled:		\$0.46 Per	Sub-Total

LODGING & MEALS	#	RATE	DOLLARS
Days Lodging			
Breakfast		\$6.00	
Lunch		\$9.00	
Dinner		\$19.00	
Sub-Total			

OTHER EXPENSES (TIPS, PARKING, TAXI, ETC)	DOLLARS
Sub-Total	

TOTAL DUE	DOLLARS
Total	

Signature: _____ Date: _____
 Approved: _____ Date: _____

Receipts, with the exception of mileage, tips, and meals not exceeding the amounts indicated above, must accompany all listed expenses.