



EXPENSE & MILEAGE REIMBURSEMENT REPORT

NORTH HUDSON FIREFIGHTERS ASSOCIATION
POST OFFICE BOX 1606
WEST NEW YORK
NEW JERSEY 07093
www.nhfirefighters.org

NAME _____ **TITLE** _____

List below all pertinent information needed for reimbursement including date, vendor, others in attendance, point of departure and destination. Attach any necessary receipts. See website for additional instructions. Use additional sheets if needed.

<u>DATE</u>	<u>DESCRIPTION</u>	<u>COST</u>
____/____/____	_____	____/____
____/____/____	_____	____/____
____/____/____	_____	____/____
____/____/____	_____	____/____
____/____/____	_____	____/____
____/____/____	_____	____/____
____/____/____	_____	____/____
____/____/____	_____	____/____

TOTAL THIS PAGE \$ _____

Your Signature & Date _____

Payment authorized by two _____ **&** _____

Amount Paid _____ **Check#** _____ **Date** _____