EXPENSE REPORT

FEDERATION OF INSURANCE WOMEN OF TEXAS, INC.

Name:

Office/Committee: Travel Exec Dir

Purpose of Trip:

Please send reimbursement to:

Current IRS Mileage - $.57.5 per mile for business

Signature: ______________________________________

			Transportation							Misc		TOTALS
Date	From	To	Code	Miles	Amt	Hotel	Meals	Transp	Tips	Item	Amt	

Subtotal	
Cash Advance	
Cash Expense	
Balance Due FIWT	
Balance Due ME	

FOR OFFICE USE ONLY:	
APPROVED BY: Date:	EXPENSE INST. Account Amount Check No: Date:

REMARKS: PLEASE ATTACH APPROPRIATE RECEIPTS.

Code: A-Air, B-Bus, C-Car (Personal), R- Rail

Remit to: Kristie Gray 2831 E. Eldorado Parkway, Ste 103-192, Frisco, TX 75033