Meeting/Event: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_Operating \_\_\_\_\_\_\_ PK-12 \_\_\_\_\_\_\_\_\_\_Higher Ed

Pre-Approved? \_\_\_\_\_\_\_ Yes \_\_\_\_\_\_ No

Pre-Approved: Yes\_\_\_\_\_\_\_\_\_\_\_\_\_\_ No \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

AFT New Jersey

629 Amboy Avenue

Suite 301

Edison, NJ 08837



**Expense Reimbursement Form**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Transportation**  Air Travel AT  Bus B  Train TR  Taxi TAX  Auto Mileage M  Tolls T  Parking P | |  | **Lodging/Meals/Misc.**  Hotel H  Breakfast B  Lunch L  Dinner D  Misc. M | |  |
| **Date** | **Code** | **$ Amount** | **Mileage (R/T)** | **Code** | **$ Amount** | **Total** |
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|  |  |  |  |  | **Total** |  |

I HEREBY C ERTIFY TH AT THE ABOVE ITEMS AR E A TRUE AC COUN TING O F AN Y EXPENSES INCURRED BY M E AN D THAT I AM N OT REC EIVING R EIMB URSEMEN T FOR ANY OF THE ABOVE EXP ENSES BY AN Y OTH ER INDIVIDUAL, ENTITY, OR GRO UP.

Signature:

Date Signed: \_\_

Check Payable To:

Mail Check To:

All Original Receipts and Pre-Approval Form Must Be Attached

AFTNJ Use Only

Total Amount Due: $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Approved By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_

Approved By:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_