

NC Farm Bureau LEAD Program

Name _____
Address _____
Meeting _____
Location _____
Date _____

Expenses *(Fields will automatically calculate if typed.)*

Transportation – Auto

Mileage from Home Start _____ / End _____ = _____

Mileage to Home Start _____ / End _____ = _____

Total Miles _____ x \$.50 \$ _____

Receipts Required for:

Transportation – Air Travel \$ _____

Meals \$ _____

Hotel *(If not paid by NCFB)* \$ _____

Miscellaneous *(description)* _____ \$ _____

TOTAL EXPENSES \$ _____

I, _____, certify the information and receipts provided are a true and accurate account of expenses incurred as indicated.

Initial Electronic Form OR Sign Hard Copy

EMAIL OR MAIL TO:

Audrey Brown

audrey.brown@ncfb.org

NC Farm Bureau

PO Box 27766

Raleigh, NC 27611

NCFB Approval _____

***Expense Reports MUST be turned in no later than 30 days
from trip return date or payment may be denied.***