

NC Farm Bureau Women's Program

Name _____
Address _____
Meeting _____
Location _____
Date _____

Expenses

Transportation – Auto Roundtrip Miles _____ x \$.50 = \$ _____

Mileage Calculations Worksheet

From _____ / To _____ = _____

From _____ / To _____ = _____

Miscellaneous (*description*) _____ \$ _____

Receipts Required for:

Transportation – Air Travel \$ _____

Meals \$ _____

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

Miscellaneous \$ _____

TOTAL EXPENSES \$ _____

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

By _____

RETURN 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.**