



**NATIONAL GRANGE
142nd NATIONAL SESSION
OFFICER/DELEGATE
EXPENSE REIMBURSEMENT FORM**

EVENT: _____

DATE (include month/year): _____

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ E-MAIL: _____

Airfare: \$ _____

Baggage: \$ _____

Hotel: \$ _____

Meals: \$ _____

Mileage: \$ _____ (\$.30 x _____ miles = \$ _____)

Incidental Travel: \$ _____
(Ground transportation
other than mileage)

Miscellaneous: \$ _____
(Please explain below)

TOTAL DUE OFFICER/DELEGATE: \$ _____

Miscellaneous Expense Explanation: _____

Officer's Signature