



Florida State Aerie

Travel & Expense Claim Form

Date : _____

Name : _____

Address : _____

City : _____

State : _____ Zip : _____

Reason For Travel or Expense : _____

Date Of Travel Or Expense	Travel Or Expense Discription	Round Trip Mileage Or No. of Days	Times \$.45 Mile \$25 or \$75 A Day Amount of Expense	Total Expense
			Total =	

I hereby certify on my honor that the information entered above is true and correct , to the best of my knowledge and belief. I further certify that the above amount claimed is for reimbursement of expenses only, to represent the Florida State Aerie , and in no way is considered by me to be in the form of compensation or salary for services rendered.

Member Signature : _____

State Secretary Signature : _____

Approved By Florida State Worthy President : _____ Date : _____

Check Number Issued : _____