EXPENSE & MILEAGE REIMBURSEMENT REPORT

NORTH HUDSON FIREFIGHTERS ASSOCIATION
1600 NEW YORK AVENUE
UNION CITY, NEW JERSEY 07087
www.nhfirefighters.org

NAME _____ **TITLE** _____

List below all pertinent information needed for reimbursement including date, vendor, others in attendance, point of departure and destination. Attach any necessary receipts. See website for additional instructions. Use additional sheets if needed.

DATE	DESCRIPTION	COST
/		/
/		/
/		/
/		/
/		/
/		/
/		/
/		/

TOTAL THIS PAGE $ _____

Your Signature & Date _____

Payment authorized by two _____ **&** _____

Amount Paid _____ **Check#** _____ **Date** _____