

INSTRUCTOR EXPENSE FORM

Please note that chapters are responsible for reimbursing NAIFA Instructors for personal expenses.

Remit Payment to:

NAME: _____
 ADDRESS: _____
 CITY: _____ ST _____ ZIP _____
 DATE: _____

Receipts are required for all expenses over \$25.

	SUN	MON	TUES	WED	THURS	FRI	SAT	TOTAL
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TRANSPORTATION

FROM								
TO								
TO								
TOTAL AUTO MILES								
MILEAGE: .445/MILE								
PARKING & TOLLS								
RENTAL CAR								
AIR								

HOTEL

PAID BY INSTRUCTOR:								
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PER DIEM

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MISCELLANEOUS

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AMOUNT DUE

NAME & # OF CLASS TAUGHT _____
 LOCATION OF CLASS (CITY, ST) _____
 DATES OF CLASS _____
 SIGNATURE _____

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