

**New South Conference, FMC USA  
Expense Reimbursement Form**

Date: \_\_\_\_\_

Name \_\_\_\_\_

**Non-Mileage Expenses**

Date of Expense	Description	Receipt?	Amount
1			-
2			
3			
4			
5			
6			
<b>Total Expenses (non-mileage) &gt;&gt;</b>			<b>\$ -</b>

**Mileage Expenses**

**Mileage @ .58 per mile**

Date of Trip	Description of Trip	Total Miles	Amount
		0	-
		0	-
		0	-
		0	-
		0	-
		0	-
<b>Total Mileage Expense &gt;&gt;</b>			<b>\$ -</b>

**Total Expense Reimbursement >>>> \$ -**

E-mail: \_\_\_\_\_

Make check payable to & send to:  
Name:  
Address:

Date Submitted: \_\_\_\_\_

Submit to: Patricia McPeake, NSC Financial Management  
Good Financial Sense  
P. O. Box 91  
Wilmore, KY 40390  
859.967.9224  
[finances.nsc@gmail.com](mailto:finances.nsc@gmail.com)

Note:  
Receipts are necessary.  
Photocopies of receipts are acceptable.  
Please remember to:  
*attach receipts if mailing*  
*scan receipts if emailing*  
*include copy of receipts if faxing*