

FEDERATION OF NEW YORK INSURANCE PROFESSIONALS  
EXPENSE REPORT

Send Request to:

Jill Burlison  
c/o Bailey, Haskell & Lalonde  
169 Main Street  
Oneida NY 13421  
Email: [jburlison@bhlinsurance.com](mailto:jburlison@bhlinsurance.com)

REIMBURSEMENT AS STATED PER SR #12-(RECEIPTS MUST BE ATTACHED TO REPORT)

DATE: \_\_\_\_\_  
NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
OFFICE OR COMMITTEE: \_\_\_\_\_  
LOCAL ASSOCIATION: \_\_\_\_\_  
REGION: \_\_\_\_\_  
REASON FOR EXPENSE: \_\_\_\_\_

TRAVEL EXPENSES

MILEAGE FROM: \_\_\_\_\_ TO: \_\_\_\_\_  
0.28 Per approved mileage 0  
0.28 Per approved mileage 0

TOLLS \_\_\_\_\_

TOTAL TRAVEL EXPENSES 0

LODGING

1/2 OF DOUBLE RATE: 0

MEALS

Breakfast @ \_\_\_\_\_  
LUNCH @ \_\_\_\_\_  
DINNER @ \_\_\_\_\_

TOTAL MEAL EXPENSE 0

OTHER EXPENSES (PLEASE ITEMIZE)

POSTAGE: \_\_\_\_\_  
PHOTO COPIES \_\_\_\_\_  
MISCELLANEOUS: \_\_\_\_\_

TOTAL OTHER EXPENSES \_\_\_\_\_

TOTAL OF ALL EXPENSES \_\_\_\_\_

PAID CHECK # \_\_\_\_\_ DATE: \_\_\_\_\_ BY: \_\_\_\_\_