

Blue Flame Retiree's Expense Reimbursement Report for 2024

Name:		Date:	
Date(s) Expenses Incurred:			
Transportation:			
Meeting Date	Mileage @ 67 cents/mile	Amount	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		Total Transportation	\$
Miscellaneous (Attach Receipts):			
Date	Explanation of Expense	Amount	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		Total Miscellaneous	\$
Grand Total Expenses			\$_____

Signature: _____ Date: _____