



NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS
1212 NEW YORK AVENUE, SUITE 1100
WASHINGTON, DC 20005
ATTN: FINANCE DEPARTMENT

IMPORTANT - PLEASE SUBMIT WITHIN 15 DAYS OF EXPENSE

Name or Check to be Made Payable to (Please Print):	Dates Covered:
Mailing Address:	
Committee:	Position:
Meeting Attended:	

TRAVEL ITINERARY

From:	To:	Date:
From:	To:	Date:

ATTACH ORIGINAL RECEIPTS ONLY

DATE								TOTAL
Mileage (Use half of Federal rate)								
Airfare								
Hotel								
Meals								
Transportation								
Gratuities & Other*								

Account Code			TOTAL EXPENSES: LESS ANY ADVANCE or DONATION TO THE NAHU EDUCATION FOUNDATION: NET REIMBURSEMENT:
Amount			

*Explanation of Other Expenses: _____

Date Submitted: _____ Signature: _____

Approval: _____ Region _____