



**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 50% of current Federal rate)								
Airfare								
Hotel								
Meals								
Taxi, Bus								
Postage, Phone, Fax								
Gratuities & Other*								

Account Code		
Amount		

TOTAL EXPENSES:	
LESS ANY ADVANCE or DONATION TO THE NAHU EDUCATION FOUNDATION:	(      )
NET REIMBURSEMENT:	

\*Explanation of Other Expenses: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Approval: \_\_\_\_\_ Region \_\_\_\_\_