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| **NAHU_Logo_NEW-BW** | **NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS**  **1212 NEW YORK AVENUE, NW, 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 |
| Mailing Address: | |
| Committee: | Position: |
| Meeting Attended: | |

**TRAVEL ITINERARY**

|  |  |  |
| --- | --- | --- |
| From: | To: | Date: |
| From: | To: | Date: |

**ATTACH ORIGINAL RECEIPTS ONLY**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| DATE |  |  |  |  |  |  |  | TOTAL |
| Mileage  (Use current Federal rate) |  |  |  |  |  |  |  |  |
| Airfare |  |  |  |  |  |  |  |  |
| Hotel |  |  |  |  |  |  |  |  |
| Meals |  |  |  |  |  |  |  |  |
| Taxi, Bus |  |  |  |  |  |  |  |  |
| Postage, Phone, Fax |  |  |  |  |  |  |  |  |
| Gratuities & Other\* |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  | TOTAL EXPENSES: | |  |
| Account Code |  |  |  | LESS FOUNDATION DONATION: | | | |  |
| Amount |  |  |  |  | NET REIMBURSEMENT: | | |  |

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

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

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