

**The Florida Council of Chapters  
Military Officers Association of America**  
(form available at [www.moaaf.org/expenses\\_claim.doc](http://www.moaaf.org/expenses_claim.doc) or .pdf)  
**REQUEST FOR REIMBURSEMENT FORM**

	<b>OPERATING</b>	<b>CONVENTION</b>	<b>PREPAID MOAFL</b>
01 General Operations	\$	\$	\$
02 Fees	\$	\$	\$
03 Pres. Chap C1b Meeting	\$	\$	\$
04 Postage (General)	\$	\$	\$
05 Postage (Newsletter)	\$	\$	\$
06 Printing (General)	\$	\$	\$
07 Printing (Newsletter)	\$	\$	\$
08 Supplies	\$	\$	\$
09 Telephone	\$	\$	\$
10 Travel, President	\$	\$	\$
11 Travel, Vice President	\$	\$	\$
12 Travel, Sec. Treas. Past Pres.	\$	\$	\$
13 Travel, AVPs	\$	\$	\$
14 Travel, Committees	\$	\$	\$
25 State Vets Plan Group	\$	\$	\$
26 Other	\$	\$	\$
Mileage _____ miles	\$	\$	\$
<b>SUB TOTAL</b>	<b>(1) \$</b>	<b>(2) \$</b>	<b>(3) \$</b>

**TOTAL EXPENSE \$ \_\_\_\_\_ Sub Total (1) + (2)**  
**LESS AMOUNT PREPAID BY MOAFL \$ \_\_\_\_\_ Sub Total (3)**  
**AMOUNT TO BE REIMBURSED TO YOU \$ \_\_\_\_\_ (1) plus (2) minus (3)**

**Remarks:**

**I certify that the above listed expenses and prepayments are accurate and incurred as a result of my official activity on behalf of the Florida Council of Chapters.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please:**

- 1. Please attach copies of receipts to this form. Travel reimbursement will be in accordance with Council Administration, "The Blue Book", Section IV, page 9-11, dated 11/03/07 as amended.**
- 2. Prepaid by MOAFL are typically by MOAFL VISA, MOAFL Check to Payee or MOAFL Expense Advance Check to you.**
- 3. Mail to:**

CW4 Don Courtney, USA/Ret	(Phone): (941) 745-9564
4516 Shark Drive	(Fax):
Bradenton, FL 34208	(Email): <a href="mailto:dcourtn3@tampabay.rr.com">dcourtn3@tampabay.rr.com</a>