



Magnolia Chapter
 P.O. Box 3434
 Tallahassee FL 32315-3434
 (850) 893-4229
 MagnoliaFNPS@gmail.com · magnolia.fnpschapters.org

Request for Reimbursement

| | |
|----------------|--|
| Name | |
| Address | |
| Phone or email | |

| Date | Item Description | Other Notes, Travel From: To: | Amount |
|------|------------------|-------------------------------|--------|
| | | | \$ |
| | | | \$ |
| | | | \$ |
| | | | \$ |
| | | | \$ |
| | | | \$ |
| | | | \$ |

Signed: _____ Dated: _____ Total \$ _____

The FNPS mileage rate is \$0.55 per mile. Actual miles or web map mileage is acceptable. Send this form and receipts or other documentation to:

Nia Wellendorf, 229 Meridian Hills Rd , Tallahassee, FL 32312
 Reimbursements processed by Nia Wellendorf, Treasurer, as directed by Magnolia Chapter Board. Questions about your request may be sent to nia.wellendorf@gmail.com

Revised 09-18-14