



**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](mailto:nia.wellendorf@gmail.com)

Revised 09-18-14