Please use for all WSBC Delegate expenses

Total of Expenses	
Date Submitted	
Name Address	
Phone email	

PLEASE ATTACH RECEIPTS

EXPEN	SE CATEGORIES	Amount
Albuque	rque Airport/Hotel shuttle	
Bus to L	ogan Airport	
Airfare		
Airline I	uggage fee (1 bag)	
Hotel roo	om (NHI covers 6 nights - double occupancy)	
Meals: n	ot to exceed \$50 a day	
	Meals at hotel	
	Meals not at hotel	
Mileage	to Logan or MHT (NHI calculates @.45 mile)	
Tips (Ho	tel, bus/shuttle driver)	
Tolls		
Travel insurance		
	Expense total amount	

NHI TREASURER USE ONLY

Date Intergroup Paid:	
Check #	