

**NATIONAL ASSOCIATION OF BROADCASTERS  
NAPBAC TRUSTEE MEETINGS  
EXPENSE REPORT**

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Meeting Attended \_\_\_\_\_

Meeting Date(s) \_\_\_\_\_ No. of Meeting Days \_\_\_\_\_

REIMBURSEMENT POLICY IS DETAILED ON THE REVERSE SIDE

<b>TRANSPORTATION:</b>	Actual	(To be completed by NAB) Allowed
Air Fare	_____	_____
Train	_____	_____
Cab	_____	_____
<b>LODGING:</b>		
Lodging	_____	_____
Total	\$ _____ =====	_____ =====

**GRAND TOTAL REIMBURSEMENT** \$ \_\_\_\_\_

<b>Routing</b>	<b>Approval</b>	<b>Date</b>
Dept. Head	_____	_____
Exec. VP	_____	_____
CFO	_____	_____

**Signature**

Finance Use Only:	
Account Code:	Amount:

## REIMBURSEMENT POLICY

### NABPAC TRUSTEE

#### TRANSPORTATION

Air Fare	Coach
Train	Coach
Cab	To/From meeting only

#### LODGING

Trustee Retreat Meeting/Co- located	Standard Room Rate plus Tax At the Designated Hotel for length of meeting only
Trustee Blitz Meeting	Standard Room Rate plus Tax At the Designated Hotel for length of meeting only

**ORIGINAL RECEIPTS ARE REQUIRED FOR ALL EXPENDITURES GREATER THAN \$25.00.  
PLEASE PROVIDE AIR FARE AND TRAIN ITINERARIES, HOTEL FOLIOS,  
AND ANY PROOF OF MILEAGE, i.e; MAPQUEST, IF CLAIMED**

Please include a W-9 and ACH form with your expense report if you have not already done so in the past.