FRVA EASTERN AREA

EXPENSE/REIMBURSEMENT REPORT

Date	**GEAR** / **Non-GEAR**	**Description**	**$ Amount**
________	________	____	$____________
________	________	____	$____________
________	________	____	$____________
________	________	____	$____________
________	________	____	$____________
________	________	____	$____________

Total: $ ____________

Name: ____________________ **Address:** ________________ **Email:** _______________

Phone: ____________________ **Signature:** ________________ **Date:** ________________

Gear Expense - Approval Required by Rally Master

$50.00 to $500.00

Signature of Rally Master

____ **DATE:** _____________

All Other Expenses - Approval Required by Eastern Area President

Signature of Eastern Area President

____ **DATE:** _____________

Note: Attach receipts and email to applicable approver

Date Received: ___________ Date Paid: _______________ Check #: _____________

Revised 8/2026

FRVA EASTERN AREA

TRIP EXPENSE REPORT

Date: ___________ Reason for trip: ____

From: __________________ To: _________________________ Mileage: __________________

Date: ___________ Reason for trip: ____

From: __________________ To: _________________________ Mileage: __________________

Date: ___________ Reason for trip: ____

From: __________________ To: _________________________ Mileage: __________________

Date: ___________ Reason for trip: ____

From: __________________ To: _________________________ Mileage: __________________

Total mileage (2026-GSA.gov)	Amount
Miles (non-RV) **X $.76**	$ ________________
Miles (with RV) **X $1.52**	$ ________________
Tolls	$ ________________
Rally Fee	$ ________________
Campground	$ ________________
Other list & explain	$ ________________
Total of above expenses	**$** ________________

Name: _____________________ **Address:** _______________________ **Email:** ________________

Phone: ______________________ **Signature:** _______________________ **Date:** _________________

<u>Approval Required by Eastern Area President</u>

Signature of Eastern Area President

____ **DATE:** _______________

Note: Attach receipts and email to Eastern Area President

Date Received: ____________ Date Paid: ________________ Check #: _______________

Revised 8/2026