NFPA Enforcer Funding Program (EFP)
Technical Committee Member Travel Reimbursement Request

Name: ___________________________  Date: ___________________________

Technical Committee Name/Acronym: ______________________________________

Classification:  □ Principal  □ Alternate  □ Voting Alt.  □ Nonvoting

Meeting type:  □ First Draft  □ Second Draft  □ Draft Development (new standard/project)
□ Other ____________________________ (requires approval by Program Administrator)

Meeting Date(s) (to/from) __________________________ Location: ___________________________

Travel Dates (to/from): ___________________________________________

NFPA Selected Hotel: __________________________ Nightly Rate: ___________________________

Air/Rail $ ____________  Ground Transportation (Taxi/Shuttle to/from hotel): $ ____________

□ Auto: (home to/from meeting location) current mileage rate 65.5 cents per mile. (Need to obtain comparison of cost of flight from Direct Travel Agent vs cost of driving. Lowest cost will be accepted).

# miles ________ X current mileage rate = $ ________ (mileage rate subject to change)

□ Auto: (home to/from airport) current mileage rate 65.5 cents per mile

# miles ________ X current mileage rate = $ ________ (mileage rate subject to change)

Baggage $ ________  Lodging $ _______________ Total Expenses $ ___________

Request for reimbursement, including copies of all receipts, must be sent within 30 days of the last day of the meeting.

Please provide payee information if different than information from technical committee application:

Name: __________________________________________________________________________
Address: _________________________________________________________________________
City: ___________________________ State: __________________ Zip: _______________________

I hereby certify that the above listed expenses and the attached documentation are genuine and accurate and reflect expenses actually incurred by me and which I reasonably believe to be reimbursable under the NFPA Enforcer Funding Program (as described in the current Plan Description at www.nfpa.org/enforcers). I further certify that my receipt of funds under this Program violates no ethical or other policy rules or guidelines to which I may be subject as a public employee or official; and that the expenses for which I am requesting reimbursement under the Program have not and will not be reimbursed or paid for by my employer or any other third party.

SIGNATURE: ___________________________ Date: ___________________________

Return completed form and copies of receipts to:  Program Administrator, Enforcer Funding Program
1 Batterymarch Park, Quincy, MA  02169-7471
or to the preferred method--Email:  enforcerprogram@nfpa.org

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