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 57.5 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 57.5 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
Fax: 617-984-7056 or Email:  enforcerprogram@nfpa.org