



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

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