

AGENT'S NAME	INITIALS	DATE
Kevin McGrath		

MANAGER'S NAME	INITIALS	DATE

REGIONAL VP'S NAME	INITIALS	DATE

AGENT'S NAME	AGENT #	BRANCH OFFICE NAME	PC#
		Fredericksburg	1300

RECEIPT DATE	VENDOR (PER RECEIPT)	DESCRIPTION	PURPOSE	ACCTG. USE	AMOUNT
Total Due					\$

Expense reimbursements must be submitted within 60 days of when the expense was incurred. Receipts are required for all expenditures and should be attached in order as listed above.

Note: You can elect to have your expense reimbursements paid by direct deposit. Enrollment form is available on the Accounting intranet site.