

EXPENSE REIMBURSEMENT REQUEST

Requestor Address/Organization		Organization	Phone Number			
	of expense/trip:			clusive Dates:		
	completed form, with required receipts, to First Co 17-569-2970 MAIL: First Command Educa	ommand Educational Foundation tional Foundation, 1 FirstComm Pla		h, TX 76101-4999	EMAIL: edufoundation@	fcef.com
ATE	DESCRIPTION / PURPOSE OF EXPENSE	PAID TO		COST	V For FCEF Use Only V Code	Total
				\$		\$
				\$		\$
				\$		\$
				\$		\$
				\$		\$
				\$		\$
				\$		\$
				\$		\$
				\$		\$
				\$		\$
				\$		\$
				\$		\$
				\$		\$
				\$	Total	\$
	e deposit reimbursement in my First Command at all expenses claimed were for legitimate business pur			hese expenditures we	er) re for authorized purposes and are au	thorized for
ignature of Requestor D		 Date	Authorized Signature			
			Title:			
			Date:			