

NYSCHP | New York State Council of Health-system Pharmacists

230 Washington Avenue Extension, Albany, NY 12203
(518) 456-8819 • Fax: (518) 456-9319

2017 Reimbursement Form

Reimbursement will be provided for authorized expenditures if a reimbursement request, plus receipts, is submitted within 30 days of occurrence.

Date submitted: _____

Submitted by: _____

NYSCHP Position: _____

Address: _____

City/State/Zip Code: _____

Approved by (Board position): _____

Section A

Postage: _____ \$ _____
Supplies: _____ \$ _____
Printing: _____ \$ _____
Telephone: _____ \$ _____
Other (describe): _____ \$ _____

Section B

Reason for travel: _____

Meals \$35/day/max-receipts required \$ _____

NYSCHP's policy will not allow payment for alcohol

Auto _____ miles @ \$0.53.5 (**round trip or one way**) \$ _____

Parking: _____ \$ _____

Taxi: _____ \$ _____

Tolls: _____ \$ _____

Other (describe) _____ \$ _____

Hotel: _____ # nights _____ \$ _____

Gratuities: _____ \$ _____

Total (Sections A & B) \$ _____

Submit to sflynn@nyschp.org or fax to 518-456-9319

Date: _____	Check #: _____	Amt: _____	Act #: _____
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