

# NYSCHP | New York State Council of Health-system Pharmacists

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

## 2018 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 @ \$0.54.5 (round trip or one way) \$ \_\_\_\_\_

Parking: \_\_\_\_\_ \$ \_\_\_\_\_

Taxi: \_\_\_\_\_ \$ \_\_\_\_\_

Tolls: \_\_\_\_\_ \$ \_\_\_\_\_

Other (describe) \_\_\_\_\_ \$ \_\_\_\_\_

Hotel: \_\_\_\_\_ # nights \_\_\_\_\_ \$ \_\_\_\_\_

Gratuities: \_\_\_\_\_ \$ \_\_\_\_\_

**Total (Sections A & B) \$ \_\_\_\_\_**

Submit to [sflynn@nyschp.org](mailto:sflynn@nyschp.org) or fax to 518-456-9319

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