

Date Submitted:

Submitted by:

Name

NYSCHP Position

Address
(City, State, Zip Code)

Email

Section A

<u>Item</u>	<u>Description</u>	<u>Amount</u>
Postage		\$
Supplies		\$
Printing		\$
Telephone		\$
Other (describe)		\$
Total		\$

Section B

Reason for travel:

<u>Item</u>	<u>Description</u>	<u>Amount</u>
Auto	(Include miles, round trip or one way) (\$0.65 mile rate)	\$
Parking		\$
Taxi/Uber/Lyft		\$
Tolls		\$
Hotel	(Include # of nights)	\$
Total		\$

Section C

Meals

<u>Item</u>	<u>Description</u>	<u>Amount(s)</u>
Meal (Self)		\$
Meal (Group)	(List the name of all attendees)	\$
Gratuities		\$
Total		\$

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

Submit to office@nyschp.org