

NYSATA **Region 7** REIMBURSEMENT FORM

You must attach original receipts for reimbursement.

Remit Date: ___/___/___

Copies of receipts will not be honored

One form is used for all reimbursements by listing reimbursable expenses under the appropriate Cost Center Code.

Purpose/Committee/Program _____

List reimbursable expenses under appropriate Cost Center Code

Please submit within 30 days of expenses incurred

Cost Center Code	Officers 100	Organization 102	Membership 103	Publications 200	Conference 300	Institutes 400	Other
5001 Office							
5016 Printing & copying							
5017 Postage							
5031 Registrations							
5401 Travel/Air							
5405 Travel/Taxi/Tolls/Parking							
5419 Lodging/other							
5439 Meals & gratuities/other							
Other expenses (list):							
Total in each column							
	\$	\$	\$	\$	\$	\$	\$
Specific Description or purpose of expenses							
5440 Mileage	Miles traveled		Date/Destination/purpose:				
						Total Reimbursement:	
						\$	

Submitted by:

Submit to:

Name		Jenn Wassmer
Position		2918 Whispering Hills Drive
Address		Chester, NY
		10918
Phone		845/590-7503
E-mail		jened21st@aol.com