

NYSSPath Travel Reimbursement Form

Date: _____

Name: _____

Meetings: CAP HOD CAP RF (Fall Meeting Only) Other: _____

Mailing Address: _____

Phone: _____

E-mail: _____

PLEASE ATTACH DOCUMENTATION (actual receipts/bills - NOT credit card statements)

ITEM	ANY COMMENTS / EXPLANATIONS	COST AMOUNTS
<p>TRAVEL: RF: Total reimbursement maximum of \$500 (maximum amount includes hotel, see below). Receipts needed</p> <p>HOD: Travel expenses reimbursed up to a maximum of \$500 (therefore, with \$125 general expenses, the total possible maximum is \$625). Travel receipts, please.</p>		
<p>HOTEL RF members: one night, reimbursement maximum of \$125. Receipt needed.</p> <p>HOD: All delegates will get \$125. No receipt needed.</p>		

TOTAL AMOUNT: _____

MAXIMUM REIMBURSEMENT: CAP RF: \$500 HOD and other approved meetings: \$625

PLEASE MAIL THIS FORM AND ATTACHED RECEIPTS TO:

**NYSSPath
 355 Hadley Drive
 Trumbull, CT 06611**