



NEW YORK STATE ASSOCIATION
OF LICENSED MIDWIVES

EXPENSE REIMBURSEMENT FORM FOR 2016

YOUR NAME: _____

REASON FOR TRAVEL:

DATE(S):

ATTEND BOD MEETING

_____-_____-_____

OTHER: _____

_____-_____-_____

TRAVEL FROM _____ TO _____

MILEAGE (Round Trip): _____ x 54 cents per mile = \$ _____

TRAIN/BUS FARE: (Please include receipt) \$ _____

AIR FARE: (Please include receipt) \$ _____

OTHER TRANSPORTATION COSTS: (Please include receipts)

TYPE: _____ AMOUNT \$ _____

TYPE: _____ AMOUNT \$ _____

FOOD: (Please include receipts) AMOUNT \$ _____

ACCOMMODATIONS: (Please include receipts) AMOUNT \$ _____

OTHER: SPECIFY _____ AMOUNT \$ _____

OTHER: SPECIFY _____ AMOUNT \$ _____

OTHER: SPECIFY _____ AMOUNT \$ _____

TOTAL AMOUNT \$ _____

***** FOR OFFICE USE ONLY *****

AMOUNT REIMBURSED: \$ _____

CHECK NUMBER: # _____

DATE CHECK ISSUED: _____

APPROVED BY FINANCE COMMITTEE MEMBER (SIGNATURE): _____

Mail to: Carol Bues, Treasurer
448 West 57th Street, Apartment 1C
NY, NY 10019