

2022 NYSAR Expense Reimbursement Request

Name _____

Date _____

Purpose of Trip: Lobby Day 2022 _____

Date of Trip _____

Mailing Address _____

	Date	/ /	/ /	/ /	/ /	/ /	/ /	/ /	Sub-Total
		Sun	Mon	Tues	Wed	Thurs	Fri	Sat	
Taxi/airplane									0
Mileage	To:								
	From:								
	Total Miles								0
	x58.5 cents/mile	0	0	0	0	0	0	0	0
Tolls/Parking									0
Meals									0
Hotel									0
Tips (housekeeping, valet, baggage, etc)									0
									0

Please attach copies of ALL receipts

Notes: _____

Signature _____

Date _____

Checked By _____

Approved By _____

email to: Govt@nysar.com