



**NATIONAL SKI PATROL
WESTERN NEW YORK REGION**



EXPENSE REIMBURSEMENT REQUEST

DATE _____

NAME (type or print) _____

ADDRESS _____

FUNCTION/EVENT ATTENDANCE EXPENSES

OFFICER/PROGRAM EXPENSES

Function/Event _____
Expenses

Office/Program _____
Expenses

- *Registration _____
- *Transportation _____
- *Lodging (Attach receipt) _____
- *Meals _____
- Other (specify) _____
- _____
- _____

- Telephone _____
- Postage _____
- Printing/Publications _____
- Other (specify) _____
- _____
- _____

TOTAL _____

TOTAL _____

* Reimbursement limited by region policy (reverse side of this form). Do not enter more than reimbursable limit.

REQUESTOR'S SIGNATURE _____

APPROVING OFFICER'S/ADVISOR'S SIGNATURE _____

Please submit this form, with receipts for all expenses, to the Region Treasurer: Kim Crotty
139 Belmont Ave
Lancaster, NY 14086

For Treasurer's Use Only

REGIONAL DIRECTOR'S APPROVAL _____

TREASURY ACCOUNT _____ CHECK No. _____ DATE _____ \$ _____ AMOUNT