

**NATIONAL CLIENT PROTECTION ORGANIZATION
WORKSHOP ASSISTANCE PROGRAM
REQUEST FOR REIMBURSEMENT OF EXPENSES**

Dates of workshop: _____

Location of workshop: _____

TRANSPORTATION:	<u>AMOUNT</u>
<u>AIR</u> (coach rate):	\$ _____
<u>RAIL</u> :	\$ _____
<u>TO AND FROM TERMINALS</u> (taxi, limousine, etc.):	\$ _____
<u>AUTOMOBILE</u> _____ miles @ 55.5 cents/mi.	\$ _____
Parking	\$ _____
Tolls	\$ _____
OTHER:	
Rental car, etc.:	\$ _____
LODGING:	
Hotel	\$ _____
MEALS:	\$ _____
INCIDENTALS:	
Gratuities and other miscellaneous items:	\$ _____
 <u>TOTAL REIMBURSEMENT REQUESTED:</u>	 \$ _____

Date: _____ Signature: _____

MAKE CHECK PAYABLE TO:

Name: _____

Address: _____

NOTE: EXPENSES EXCEEDING \$10.00 MUST BE VERIFIED BY RECEIPTS.

PLEASE MAIL FORM, TOGETHER WITH ALL RECEIPTS, TO:
Timothy O'Sullivan, Treasurer, 119 Washington Avenue, Albany, NY 12210