

ASBO

NEW YORK

CLAIM FORM

Reimbursement is hereby requested by the undersigned for the following expenses incurred in connection with authorized business of the Association. **Email to debbie@asbonewyork.org**

ASBO does not provide reimbursement for expenses not claimed within 20 days following completion of the event.

Claim Requested by (please type/print): _____

Reason for Claim: _____

Date(s) expenditures were incurred: _____

In order for this claim form to be processed, you must attach all receipts and backup documentation for mileage traveled (Mapquest or Google Maps directions printout is acceptable).

Type of Expense	Amount
Train Fare*	_____
Plane Fare*	_____
Taxi Fare	_____
Car Rental*	_____
Lodging**	_____
Meals***	_____
Highway/Bridge Tolls	_____
Parking	_____
Mileage (calculate at right)	_____
Total	_____

Mileage (please provide addresses for "From" and "To")

From: _____ To: _____

Round Trip Mileage: _____

x

* Train, plane, and car rentals must be preapproved by ASBO in order to claim reimbursement.

** Lodging should be arranged by ASBO. If not, it must be preapproved by ASBO.

*** Meal reimbursement: Receipts required! Depends on type and timing of travel. ASBO policy states \$60 per day (\$10 breakfast, \$20 lunch, \$30 dinner.) ASBO will provide reimbursement up to this amount. If you require meal costs above this amount, Executive Director approval is needed.

If you wish to have your check sent to your home, please print your address below, otherwise it will be sent to your place of business. Thank you.

Address: _____

City: _____ State: _____ Zip: _____

Signature: _____ Date: _____

Email: _____ Phone: _____