Conference Reimbursement Application

Before applying, please refer to the "FCDSN Reimbursement Program Policies"

Member Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip Code: _____ Phone: _____

Reimbursement is requested for the following:

Conference Title: _____

Conference Location: _____

Conference Dates: _____

Registration fee(s): $_____ Other Attendance Costs: $_____

Transportation (Airfare): $_____ Other Costs: $_____

Hotel/Lodging			Mileage (for private vehicles only)			Food		
No. of Nights	Standard Rate per diem or actual (whichever is lesser)	Total	No. of Miles (roundtrip)	Standard Mileage Rate per mile	Total	No. of Days	Standard Rate per diem or actual (whichever is lesser)	Total
	$	$		$	$		$	$

***Total reimbursement requested:* $** [   ]

As required, attach the following: ☐ 100-150 word publication to share and ☐ Original Receipts

Signature of person completing form: _____ Date: _____

__Original receipts are required prior to disbursement of funds. Keep a copy of your receipts and this submission for your own records. Submit complete (signed) application, with__ original __receipts, to:__

__FCDSN Reimbursement Programs, 2117 Buffalo Road #132, Rochester, NY, 14624__

Do Not Write In Box Below

Member in good standing? ☐ Yes ☐ No Verified by: _____

Application: ☐ Approved ☐ Denied/Reason: _____

Reply Mailed On: _____ Check # _____ Amount: $_____

Entered: ☐ Date: _____

Jan-16