

National Down Syndrome Congress' Annual Convention Reimbursement Application

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

	lame:			Date:	
Address:					
City:	State:	Zip Code:	Phone	:	
	<u>R</u>	eimbursement is	requested for the f	following:	
Conferenc	e Title:				
Conferenc	e Location:				
Conferenc	e Dates:				
Registratio	n fee(s):\$				
Transporta	tion (Airfare) \$		Other Costs:		
	Mileage (for private vehicle	es only)		<u>Hotel/Lodgi</u>	ing
No Miles (roundtrip)	Standard Mileage Rate per mile	Total	No. of Nights	Standard Rate per night or actual (whichever is less)	Total
	\$	\$		\$	\ \s
	bursement requested:		ublication to share	and □ Original Receipt	ts
As required Signature	I, attach the following:	1200-250 word pu prm:		Date:	
As required Signature Original recerecords. Sul	I, attach the following: of person completing for eights are required for disbubilities the completed & sign	200-250 word puorm: ursement of funds. ned application with FCDSN Rei 21171	Keep a copy of you	Date: r receipts and this submi: :	
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