

## REIMBURSEMENT EXPENSE REPORT

***PROCESSING TAKES 20-30 BUSINESS DAYS***

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Campus: \_\_\_\_\_ Title:  ADJ  CET Day Phone: \_\_\_\_\_

Pick up check at PSC office

Send check to SAME address as reported on application

Send check to DIFFERENT address from application, indicated below:

Street \_\_\_\_\_ Apt. \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name of Activity: \_\_\_\_\_

Location: \_\_\_\_\_

Activity Start Date: \_\_\_/\_\_\_/\_\_\_ Activity End Date \_\_\_/\_\_\_/\_\_\_

Total days for travel: \_\_\_\_\_, includes extra day:  BEFORE or  AFTER event (or  NEITHER)

DAY	Mon	Tues	Wed	Thu	Fri	Sat	Sun	Subtotals
<b>DATE</b> (Travel events)								
<b>LODGING</b> (Max \$225/day, 5 days max)								
<b>PER DIEM</b> (Max \$60/day, 5 days max)								
<input type="checkbox"/> I have attached my report (at least one page long) describing my experience at the approved activity and how it benefited my professional development.  <input type="checkbox"/> I have attached all receipts and documentation of payment as outlined in the Reimbursement Policy.					<b>TRANSPORTATION</b> (Main economy travel to/from outside NYC, not taxis/shuttles)			
					<b>MILEAGE</b> (56¢ per mile – show map)			
					<b>REGISTRATION FEES</b> (Conferences, workshops)			
					<b>TUITION</b> (For courses)			
					<b>COURSE FEES</b> (In addition to tuition)			
					<b>BOOKS</b> (As approved in application only)			
					<b>ORGANIZATION DUES</b>			
					<b>RESEARCH COSTS</b>			
					<b>OTHER</b> (As approved in application only)			
					<b>TOTAL REQUESTED:</b>			
Signature: _____					Adjunct CET Committee Approval: _____			
Date: _____								