



### 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: \_\_\_\_\_