

New York State Urological Society

Member Reimbursement Voucher

Note: Reimbursement is made in US Dollars

Member Name _____
Address _____
Social Security Number _____
Travel Dates _____
Meeting _____
Make Check Payable to: _____

Description	Total USD
Airfare/Train	_____
Lodging	_____
Mileage @ .655 USD	_____
Miscellaneous (meals, ground transportation, etc.)	_____
TOTAL	\$ _____

Attach ALL ORIGINAL receipts to this form

Travelers Signature _____ Date _____
Executive Office Signature _____ Date _____

Administrative Office use only