



COLUMBIA COUNTY PATHWAYS TO RECOVERY

PO BOX 486 GHENT NY 12075

Travel Reimbursement Request Form

This form should be used to request reimbursement of approved/budget travel expenses.

This form must be submitted to the Treasurer within 30 days of the completion of the travel related expense trip or it may be ineligible to be reimbursed.

Date of travel to be reimbursed: _____

Date of this request: _____
(within 30 days of travel date at left)

Reimbursement Expense 1: \$ _____

Purpose: _____

Reimbursement Expense 2: \$ _____

Purpose: _____

Reimbursement Expense 3: \$ _____

Purpose: _____

Reimbursement Expense 4: \$ _____

Purpose: _____

Reimbursement Expense 5: \$ _____

Purpose: _____

TOTAL Amount To Reimburse: _____ Budget Approved Expenses: YES NO

NOTES: _____

Your Name: _____ Your Signature: _____

OFFICE USE ONLY

Received by Treasurer on: _____

Paid by Treasurer on: _____ Amount Paid: _____ Check #: _____

Treasurer Signature: _____

COLUMBIA PATHWAYS TO RECOVERY IS A COMMUNITY COMMITTED TOWARD BUILDING THE MANY PATHWAYS TO STRATEGIES AND SOLUTIONS FOR THE ADDICTION CRISIS IN COLUMBIA COUNTY, NY.