



New York State Volunteer Ambulance and Rescue Association

214 Kent Avenue # 278
Endwell, New York 13760

Phone: 877-NYS-VARA
Fax: 518-477-4430
E-mail: info@nysvara.org

Expense Report—Request for Reimbursement

NYSVARA Representative (*name*):
Forward reimbursement to (*address*):
(*phone / e-mail*):

Purpose of expense:

PAID- Check #

Date:

Date	Description	Transportation/ Mileage & Tolls	Lodging	Meals	Other	Total
Column Totals					Total due	

Receipts must be attached to expense form. Please refer to the NYSVARA guidelines. Thank you.

Signature: _____

Date:

Approved by: _____ President, Executive VP, or Vice President

Date: