New York State Volunteer Ambulance and Rescue Association

PO Box 254
East Schodack, NY 12063

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: