

# NYPTA Expense Voucher

07/14/15

Attach receipts for all requests.

submit within 30 days of event

Email, fax or snail mail is acceptable

Chapter reimbursement policies are printed on the reverse side.

All reimbursements for Districts or SIGs accounts must be approved by the SIG/District Treasurer.

Reimbursement from which account:

	New York Physical Therapy (chapter)
	_____ District
	AASIG of NYPTA
	AIPT of NYPTA

Make check payable to:

Mail to : Street \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_

DAYTIME PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

Representing which Committee or District: \_\_\_\_\_

Activity Attended _____	Lobbying Activity Yes _____
Date Attended _____	
Travel: From _____	To _____

Mileage	_____ miles (x2) @ \$57.5 cents per mile	\$	
Plane or Train Fare		\$	
Car Rental		\$	
Ground transportation, Tolls, Parking		\$	
Meals		\$	
Lodging:	Date(s) _____	\$	
	Single _____		
	Double _____ Name of roommate _____		
Other: (Postage, Printing, Supplies) as required by activity		\$	
	_____	\$	
	_____	\$	
<b>Total Expenses for Reimbursement</b>		<b>\$</b>	

Your signature: \_\_\_\_\_ Date: \_\_\_\_\_

## ◆◆◆◆◆◆◆◆ **NOTE** ◆◆◆◆◆◆◆◆

<p><b><u>If a district expense:</u></b>                  Send directly to your District/SIG Treasurer for approval.</p>	District/SIG Treasurer approval _____ Budget line _____
<p><b><u>If a chapter expense:</u></b>                  Send directly to the chapter office</p>	NYPTA approval _____ Budget line _____

Date Paid \_\_\_\_\_ Check # \_\_\_\_\_

## **New York Physical Therapy Association Chapter Reimbursement Travel Policies**

Reimbursement of expenses will be provided as noted below only if the expense voucher and **receipts** are submitted to the Chapter office within 30 days following activity. Reimbursement will not be made if received after 30 days unless the request is approved by the Executive Committee.

Persons traveling to and from an official New York chapter business meeting will be reimbursed as follows:

**Plane:** Economy airfare reimbursed in full.

**Rail:** Coach class reimbursed in full.

**Ground Transportation:** Reimbursed in full.

**Car:** Reimbursed according to IRS guidelines at the time the expense occurred.

Tolls and parking will be reimbursed in full. Car rental for the purpose of carpooling will be reimbursed. Individual car rental will be reimbursed if the car rental is less expensive than mileage reimbursement for use of personal car.

**Lodging:** Reimbursement will be made at 1/2 the average double room rate with the following exception: Reimbursement will be made for the full room rate:

For attendance at Chapter functions when a Chapter official requests a roommate by the advertised deadline and the Chapter staff is unable to arrange for one due to gender or their reasons of non-availability of another person attending the same event.

For attendance at individual committee meetings when the make-up of the committee precludes every committee member from having a roommate (uneven number of committee members or uneven male/female ratio).

**Meals:** Reimbursement will be made for meals not arranged by the Chapter office. A meal allotment of \$85 per day maximum (receipts required) is allowed when all 3 meals are the responsibility of the member. The daily allowance total will be prorated on those days that some meals are provided by the Chapter. Whichever meal is provided, the corresponding amount listed below will be deducted from the total daily allowance:

Breakfast: \$15.00  
Lunch: \$20.00  
Dinner: \$50.00

New York Physical Therapy Association  
5 Palisades Dr., Ste 330  
Albany, NY 12205  
518-459-8953 (fax)  
[pjcook@nypta.org](mailto:pjcook@nypta.org)