

# New England Common Assessment Program

## COMMITTEE MEMBER EXPENSE REIMBURSEMENT FORM

Committee Member Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_

Meeting: **NECAP Standard Setting**

Meeting Dates: **January 5 & 6, 2006**

Location: **Radisson Hotel - Manchester, NH**

or: **January 9 & 10, 2006**

Departure Location:	
Destination Location: <b>Manchester, NH</b>	
Roundtrip mileage (_____ miles @ .485/mile)	\$
Tolls	\$
Meal: \$20 only with a January 4 <sup>th</sup> or 8 <sup>th</sup> overnight stay	\$
\$20 only with January 5 <sup>th</sup> or 9 <sup>th</sup> overnight stay	\$
Stipend: \$100 per day (If this is not a paid workday for you)	\$
Total	\$

Signature: \_\_\_\_\_

Social Security Number (required): \_\_\_\_\_

*Fax or mail this completed form to Amanda Smith:*

### **Measured Progress**

P.O. Box 1217

Dover, NH 03820

Fax: 866-821-3622

Phone: 800-431-8901 x2259

#### **For Measured Progress Use Only**

Date of processing: \_\_\_\_\_

Processed by: Amanda Smith

Amount of reimbursement: \$ \_\_\_\_\_

Charge to: 1363-116