

The College on Problems of Drug Dependence, Inc.

Expense Reimbursement

Requests for reimbursement must be submitted within 60 days after the June meeting - Processing may take up to 30 days

Please mail/scan/fax form along with receipts to: CPDD, 3420 N. Broad Street, Phila., PA 19140/ nsmith02@temple.edu/ fax: 215-707-1904

Please complete all information

NAME: \_\_\_\_\_ PHONE #: \_\_\_\_\_ FAX # \_\_\_\_\_

For wire transfer:  
Bank Account # \_\_\_\_\_

ADDRESS: \_\_\_\_\_ EMAIL \_\_\_\_\_

Routing # \_\_\_\_\_

DATE(S): \_\_\_\_\_

For international:  
SWIFT Code \_\_\_\_\_

DESTINATION: \_\_\_\_\_ PURPOSE: \_\_\_\_\_

ABS Code \_\_\_\_\_

DAY	AUTO MILEAGE @ .575 /MILE	CAR RENTAL	AIR/TRAIN	TAXI LIMO BUS	LODGING	MEALS	*MISC.	TOTAL:
SAT.								
SUN.								
MON.								
TUES.								
WED.								
THURS.								
FRI.								
<b>TOTAL REIMBURSEMENT:</b>								

(Attach copies of receipts for lodging, airfare, ground transportation and other travel expenses greater than \$15.00)

\*Explanation: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Mail to (if different from address above): \_\_\_\_\_

\_\_\_\_ CPDD EARLY CAREER INVESTIGATOR AWARD

\_\_\_\_ NIDA DIRECTOR'S TRAVEL AWARD

\_\_\_\_ WOMEN/GENDER TRAVEL AWARD

AWARDS OF EXCELLENCE (circle one):

\_\_\_\_ SYMPOSIUM SPEAKER

\_\_\_\_ HOLTZMAN TRAVEL AWARD

Eddy, Fischman, Mentorship, Cochin,  
Morrison, Distinguished Service, Media

SYMPOSIUM NUMBER \_\_\_\_