

CIR ANNUAL CONVENTION
EXPENSE REIMBURSEMENT FORM FOR OFFICERS, DELEGATES & GUEST SPEAKERS

Print Name _____ Date Submitted _____

Mailing Address: _____ City _____ State _____ Zip _____

Hospital/Organization _____ S.S.# _____

CHECK ONE Officer Delegate/Alternate Other

IMPORTANT: Please attach original receipts, where possible. Write the number on the receipt corresponding to the line below. If you have no receipt, attach a note including an explanation (e.g. lost, none available, etc).

| Receipt No | Expense Date | Nature of Expense (e.g. Parking, Tolls and Mileage) | Amount |
|------------|--------------|---|--------|
| | | | |
| 1 | | | |
| 2 | | | |
| 3 | | | |
| 4 | | | |
| 5 | | | |
| 6 | | | |
| 7 | | | |
| 8 | | | |

Signature _____ Date: ___/___/___ Total Expenses \$ _____

Send form and original copies of receipts to:
Attn: Peter Chang, Controller, CIR National Office, 520 Eighth Avenue, Suite 1200, New York, NY 10018
by August 15, 2014