

**EXPENSE REIMBURSEMENT FORM for CIR CONVENTION**

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date Submitted: \_\_\_/\_\_\_/\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Hospital: \_\_\_\_\_ S.S.# \_\_\_\_\_

CHECK ONE:  Officer  Delegate/Alternate  Other

**IMPORTANT:** ( A ) Please attach original receipts, when possible. ( B ) Write the number from the appropriate line on this form on each receipt. Initial each receipt. ( C ) When you have no receipt, attach a note including explanation for no receipt (e.g. lost, none available, etc) date, amount, nature of expense, and your signature.

Please return to CIR, Attn: Peter Chang, Controller, 520 8<sup>th</sup> Avenue, Suite 1200, New York, NY 10018, by August 15, 2012.

RECEIPT NUMBER	EXPENSE DATE	NATURE OF EXPENSE (e.g. Parking, Meals)	AMOUNT
1			
2			
3			
4			
5			
6			
7			
8			
9			

Approved by: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

TOTAL