

NYS BOARD OF DIRECTORS LEADER ON LOAN FORM

Print and sign, then send to Edwina Frances Martin

NYS Director's Name _____

Branch/Event Attended _____

Date _____

Topic _____

Complete the following for reimbursement:

Destination: from _____ to _____ and return.

Tolls: \$ _____ (Download E-Z Pass costs from website www.e-zpassNY.com and attach)

Mileage: _____ @ \$0.28/mile \$ _____ TOTAL \$ _____

Signature _____

**Send to: Edwina Frances Martin
966K Clove Road
Staten Island, NY 10301**