

NYS BOARD OF DIRECTORS LEADER ON LOAN FORM

Print and sign, then send to Nancy Pura

NYS Director's Name _____

Branch/Event Attended _____ Date _____

Topic _____

Check all that apply:

- This location was 50 miles or less from my home.
- I am NOT asking for reimbursement for my travel.
- I am asking for reimbursement for my travel.

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: _____ @\$0.14/mile \$ _____ TOTAL \$ _____

Signature _____

**Send to: Nancy Pura
PO Box 3306
Stamford, CT 06905**