

CENTRAL NEW YORK REGION NATIONAL SKI PATROL Expense Voucher

Name _____
 Address _____

Date _____
 Title _____

Mail or E-Mail to your Department Head for approval...

This Expense for:- _____

Place _____

Date _____

Registration.....	\$	_____
Lodging	\$	_____
Meals (\$60 / day max.)	\$	-
days	_____	
miles	rate	
Travel _____	\$ 0.35	\$ -
Other	Tolls	\$ _____
Other	\$	-
TOTAL		\$ -

NOTE:- Attach all RECEIPTS!!!

Signed: _____

[X] Account to be charged

13	<input type="checkbox"/>	Registration
31	<input type="checkbox"/>	CNY Region Director
32	<input type="checkbox"/>	Senior OET Advisor & Women Events
33	<input type="checkbox"/>	OEC Administration
34	<input type="checkbox"/>	Senior OEC
35	<input type="checkbox"/>	Instructor Development
36	<input type="checkbox"/>	Mountain Travel & Rescue
37	<input type="checkbox"/>	Avalanche
38	<input type="checkbox"/>	Nordic
39	<input type="checkbox"/>	Treasurer
40	<input type="checkbox"/>	CNY Region Webmaster & Secretary
41	<input type="checkbox"/>	Alumni
42	<input type="checkbox"/>	Awards
43	<input type="checkbox"/>	Certified
44	<input type="checkbox"/>	NSPS Continuing Education Travel
45	<input type="checkbox"/>	Region Meetings
46	<input type="checkbox"/>	Eastern Division Meetings
47	<input type="checkbox"/>	Books - OEC
48	<input type="checkbox"/>	Jackets [OET; OEC]
49	<input type="checkbox"/>	Flowers
50	<input type="checkbox"/>	Recruiting
51	<input type="checkbox"/>	Young Adult Patroller
52	<input type="checkbox"/>	Historian & Other
53	<input type="checkbox"/>	Radio / Communications
54	<input type="checkbox"/>	Bike Patrol
55	<input type="checkbox"/>	Safety
		<u>\$ -</u> Other Totals:

Signed: _____
(approval of Dept. Head)

Check [X] appropriate line below
 _____ Expense submitted as a contribution to CNY Region, NSPS.
 _____ Expense submitted for reimbursement.

Pay To The Order Of:

For Reimbursement; Mail To:
 CNY Region, NSPS
 Tony Martin, Treasurer
 (315) 491-1145 Cell
 118 Annetta Street
 Syracuse, NY 13207

E-Mail: nspcnvtreas@gmail.com

Paid \$	Check #	Date:
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