



New York State Correctional Officers & Police Benevolent Association, Inc.

20 Computer Drive West Albany, NY 12205



Phone #: (888) 484-7279 Email: AccountingStaff@nyscopba.org Fax #: (518) 426-1635

STEWARD TRAINING REIMBURSEMENT FORM **Submit to NYSCOPBA Treasurer**

**** DENOTES REQUIRED INFORMATION****

Date of Training	**Miles Driven** (\$0.725/mile)	Tolls & Parking (attach receipt)	Per Diem (\$74/overnight)	Training Stipend (\$100 / day of training)	**Starting Location** & **Training Location** (i.e. home, facility, etc)	
Totals	\$	\$	\$	\$	Reimbursement Total	\$

****ANY MISSING AND OR ILLEGIBLE INFORMATION MAY RESULT IN A DELAY IN PROCESSING YOUR REIMBURSEMENT****

****Name (Please Print)**** ****Physical Street Address**** ****City**** ****State / Zip****

PLEASE PRINT CLEARLY

Mailing Address (if different from physical address):

****Employee / Member Signature****

Approved

****Facility****

Comments: