



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



20 Computer Dr 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** (\$0.70/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	\$0.00

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: