



**New York State Correctional Officers
& Police Benevolent Association**
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MONTHLY SECTOR REIMBURSEMENT FORM

(NOTE: Submit Receipts With This Form)

SECTOR CHECK NUMBER	Check #	Check #	Check #	Check #	Check #	Check #	Check #	Check #	Check #	Check #
BEREAVEMENT										
HOSPITALIZATION										
MILEAGE (use IRS Standard Mileage Rate)										
PARKING/TOLLS										
PER DIEM										
POSTAGE										
SECTOR MEETING EXPENSES										
PHONE (\$55 max per month) / INTERNET (\$100 max per month)										
OTHER (Give explanation in space provided below)										
SECTOR CHECK TOTAL										

NOTES: (use this space to give details of expenses not included in the above categories. (i.e. Special Sector Funding))

Name: _____ **Signature:** _____ **Sector:** _____ **Date:** _____
(Treasurer or Chief Sector Steward)