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|  | **New York State Correctional Officers
& Police Benevolent Association**20 Computer Drive W - Albany, NY 12205(518) 427-1551 [www.nyscopba.org](http://www.nyscopba.org) nyscopba@nyscopba.org
**MONTHLY SECTOR REIMBURSEMENT FORM** |  |
|  |  |  |

**(NOTE: Submit Receipts With This Form)**

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

Contact (518) 427-1551 or (888)484-7279 Ext. 241 with questions. Updated 5/19/25