

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



102 Hackett Blvd Albany, NY 12209

## STEWARD TRAINING REIMBURSEMENT FORM

Submit to NYSCOPBA Treasurer

** DENOTES REQUIRED INFORMATION**									
**Date of Training**	**Miles Driven** (\$0.575/mile)	Tolls & Parking (attach receipt)	Per Diem (\$65/overnight)	Training Stipend (\$100 / day of training)	**Starting Lo	cation** (i.e. hom	& ne, facility	**Training Locatio , etc)	n**
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:									
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