

8 Airport Park Boulevard • Albany Airport Park  
Latham, NY 12110

Payee \_\_\_\_\_

Social Security # \_\_\_\_\_

Street Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

[illegible]

*I certify that the above expenses were incurred solely for Association business:*

TRAVEL AUTHORIZED BY:

**TOTAL EXPENSES**

Date \_\_\_\_\_

*See reverse side for reimbursement policy.*

Please submit this copy within five days of completion of trip.

**- ATTACH ALL RECEIPTS -**  
**Traveler: Please retain a copy for your records.**