

**NATIONAL CONFERENCE OF STATE SOCIAL SECURITY ADMINISTRATORS
REIMBURSEMENT REQUEST**

Use Multiple Sheets as Needed

Requester's Name		Payee Name	
Payee Address 1			
Payee Address 2		City / State / Zip	
Event Name			
Departure Date		Departure Time	AM PM
Return Date		Return Time	AM PM

Date (First to Last)	Expense Description	Meeting With (Individual / Organization Name)	Lodging	Meals & IE	Air / Ground Transportation	Baggage	Other	Total
	TOTAL							

Member's Signature _____ Date _____

Officer Approval Received (Yes/No) _____ Date Paid _____ Check # _____ Treasurer's Initials _____

DOCUMENTS REQUIRED FOR REIMBURSEMENT: Agenda and receipts (except meals) in date order
APPROVAL ROUTING: Member to president@ncsssa.org; president to vicepresident@ncsssa.org for approval. Approver to treasurer@ncsssa.org for payment.
Treasurer: Please attach email with Officer Approval