

**WOMEN'S BAR ASSOCIATION  
OF THE STATE OF NEW YORK**



**REIMBURSEMENT VOUCHER FOR FISCAL YEAR 2015-2016**

Submit all vouchers to WBASNY either by mail to: WBASNY, P.O. Box 936, Planetarium Station, New York, NY 10024-0546, or by scan and email to: [info@wbasny.org](mailto:info@wbasny.org). All vouchers for reimbursement will be authorized and signed by the WBASNY Treasurer, for payment.

**You must include one postage paid envelope addressed back to yourself if you submit the travel voucher by mail.**

*Vouchers must be received within 45 days of incurring the expense.  
Any extraordinary expense must be pre-approved.*

Payee: \_\_\_\_\_

Address: \_\_\_\_\_

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

Telephone: \_\_\_\_\_

Chapter: \_\_\_\_\_

Expenditure Date: \_\_\_\_\_

Reimbursement Sought for Attendance as (choose all that apply):

- ☐ Chapter Delegate      ☐ Chapter President      ☐ Chapter Treasurer  
☐ Judicial Screening Rep      ☐ Nominations Committee Rep      ☐ WBASNY Officer  
☐ \_\_\_\_\_ Committee Chair or Co-Chair

Breakdown of Expenses (Attach receipts):

Mileage: \_\_\_\_\_ miles roundtrip x .28 per mile = \$ \_\_\_\_\_

Air Fare: \$ \_\_\_\_\_      Train Fare: \$ \_\_\_\_\_      Bus Fare: \$ \_\_\_\_\_

Parking: \$ \_\_\_\_\_      Taxi: \$ \_\_\_\_\_      Tolls: \$ \_\_\_\_\_

Subway Fare: \$ \_\_\_\_\_      Hotel: \$ \_\_\_\_\_      Roommate: \_\_\_\_\_

**Total Amount Due:** \$ \_\_\_\_\_

WBASNY Treasurer Signature: \_\_\_\_\_

Check #: \_\_\_\_\_