Telluride Association Reimbursement Request Form
For expenses from 6/1/2016 to 5/31/17

Name:_____Date:_____

Current Address:_____

_____

Committee/Budget line: TADAS Com – 2015 TASS Alumni Travel

Purpose: 2015 TASS Alumni Travel

List of expenses – please total

_____

_____

_____

_____

(**only when using personal car NOT when renting a car**)

TA Member mileage rate 2016-17 = 54 cents (per IRS)

TA Associate mileage rate 2016-17 = 14 cents (per IRS)

(Include googlemaps or MapQuest showing mileage)rate x miles= _____

Total_____

I would like to donate a portion of this expense to Telluride Association.
Please reduce my reimbursement by: _($_____)

Revised reimbursement request: $_____

Signature:__(okay to type your signature if no access to scanner)_____

Include receipts for all amounts requested.

Make a copy of this for your file and submit the originals to Telluride Association.
Mail the packet to:

Telluride Association
Attn: Barbara Alden
217 West Avenue
Ithaca, NY 14850

Alternatively: scan and email to bg24@cornell.edu
or: fax to 607-272-2667