



New York State Council ENA
Request for Refund for Expenses

Date: _____

Name: _____

Address: _____

Email : _____

Phone: _____

Request for:	Cost	Item
Postage:	_____	_____
Hotel:	_____	_____
Travel:	_____	_____
Milage:	_____	_____
Other:	_____	_____
	_____	_____
Totals :	\$ _____	
Committee	_____	_____

Mail Request to: *Maureen Chernosky* **Email:** *maureen@chernosky.net*
3 Palfrey St.
Stony Brook, NY 11790
Atten: NYSENA

PLEASE STAPLE required RECEIPTS TO THIS REQUEST. You will not be reimbursed for items that do not have a receipt. Mileage is paid at the IRS rate of \$.54 per mile. For mileage please print out from mapquest. Thanks