

**New York State Independent Living Council, Inc.
Travel Reimbursement Request**

Name

Address

Reason for Travel

Dates of Travel

Transportation

Mileage (2020 rate/miles x .57.5)

Parking

Taxi

Tolls

Train Fare

Air Fare

Subway

Bus Fare

Other (please specify)

Subtotal

Lodging

Subtotal

Meals (please call NYSILC for per diem maximums) (Albany County is \$61 a day for meals. NYSILC has an arrangement with the Albany Marriott for the \$115 GSA rate)

Breakfast

Lunch

Dinner

Subtotal

Support Services

Personal Care Assistant

Driver

Other (please specify)

Subtotal

Total Reimbursement Requested

Signature:

Date:

Please submit your reimbursement request, along with your receipts, to:

- 1) bradw@nysilc.org, electronically with copy of receipts,
- 2) Fax completed form with copies of receipts to (518) 427-1139, or
- 3) Send form and attach receipts in mail to New York State Independent Living Council, Inc.

111 Washington Ave, Suite 101, Albany, NY 12210.

- 4) No later than 60 days from the date of the FCM meeting.