

The City University of New York/Professional Staff Congress
Professional Development Fund for the Adjunct and CET Series
 ADJ-CET PDF Committee Liaison: Kim Lashley klashley@pscmail.org

REIMBURSEMENT EXPENSE REPORT
PROCESSING TAKES 20-30 BUSINESS DAYS

First Name: _____ Last Name: _____

Campus: _____ Title: ADJ CET Day Phone: _____

Send check to SAME address as reported on application

Send check to DIFFERENT address from application, indicated below:

Street _____ Apt. _____ City _____ State _____ Zip _____

Name of Activity: _____

Location: _____

Activity Start Date: ___/___/___ Activity End Date ___/___/___

Total days for travel: _____, includes extra day: BEFORE or AFTER event (or NEITHER)

DAY	Mon	Tues	Wed	Thu	Fri	Sat	Sun	Subtotals
DATE (Travel events)								
LODGING (Max \$225/day, 5 days max)								
PER DIEM (Max \$60/day, 5 days max)								
<input type="checkbox"/> I have attached my report (at least one page long) describing my experience at the approved activity and how it benefited my professional development. <input type="checkbox"/> I have attached all receipts and documentation of payment as outlined in the Reimbursement Policy.					TRANSPORTATION (Main economy travel to/from outside NYC, not taxis/shuttles)			
					MILEAGE (62.5¢ per mile – show map)			
					REGISTRATION FEES (Conferences, workshops)			
					TUITION (For courses)			
					COURSE FEES (In addition to tuition)			
					BOOKS (As approved in application only)			
					ORGANIZATION DUES			
					RESEARCH COSTS			
					OTHER (As approved in application only)			
					TOTAL REQUESTED:			
Signature: _____					Adjunct CET Committee Approval: _____			
Date: _____								