## **CONFERRENCE** Reimbursement Sheet

To: Janice Yallof SGNA Treasurer	From:
Fax# (239) 343-3798 LMHS Endoscopy	Fax #
Email — Jyallof@yahoo.com	Email
Date of Conference:	Date Submitted:
Conference Attended:	
Name of Hotel:	Location:
Members Name:	
Address:	City / State / Zip Code
Home Phone #	Cell Phone #
NO EXCEPTIONS Deadline <u>no la</u>	ue at the time of submission  ater than 6 weeks post conference  For Applicant use only
Conference Amount:	For Applicant use only
Hotel Amt: Air Fare Amt:  Transportation Amount:  # Miles: X 55cents/mile	Total amount submitted:  Must attend 2/3 of meetings to be
Round Trip total:  Meals: (Nationals only)	
Meals:	Officers/members Max eligible amounts
Conf. Amt: Hotel Amt: Air Fare: Trans. Amt:	Date reimbursed