

●2017 NECC Summit Expense Reimbursement Report●

Today's Date: _____

Activity: The NorthEast Cerebrovascular Consortium

Name: _____

Activity Date(s)*: October 26 & 27, 2017

Address: _____

Location: Newport, RI

City, State, Zip: _____

Staff Liaison: Kayleigh Newell

(*Submit report to Staff Liaison within 30 days)

Signature: _____ **Date:** _____

I have received a copy of The NECC Travel Policy. I am aware that expenses which are not allowable or substantiated, per the travel policy, will not be reimbursed.

Please do not process my travel expenses and consider them a donation to The NECC to further the mission to improve stroke systems of care.

Relationship:

Scholarship Recipient Speaker Other _____

DATE ►									TOTAL ▼
Air Fare									
Ground Transportation									
Tolls/Parking									
* Mileage 14¢/Mile									
Lodging									
Breakfast									
Lunch									
Dinner									
Phone/Internet									
Gratuities/ Misc									
Total Due ►									

* .14/mile is the allowable rate that applies to all volunteers

Please submit ALL ORIGINAL AND DETAILED RECEIPTS and expenses for reimbursement within 30 days to:

**Kayleigh Newell
NECC c/o AHA/ASA
5 Brookside Ave
Wallingford, CT 06492**

Fax: 518-935-9496 Cell: 518-312-1812 Email: necc@heart.org

DEADLINE: November 27, 2017

