

CIR EXPENSE REIMBURSEMENT FORM FOR OFFICERS, DELEGATES & GUESTS

Print Name _____ **Date Submitted** _____

Mailing Address: _____ **City** _____ **State** _____ **Zip** _____

Hospital _____ **S.S.#** _____

CHECK ONE Officer Delegate/Alternate Other

CHECK ONE Regional Meeting Annual Convention Other

IMPORTANT: Please attach original receipts, where possible. Write the number on the receipt corresponding to the line below. If you have no receipt, attach a note including an explanation (e.g. lost, none available, etc).

Receipt No	Expense Date	Nature of Expense (e.g. Parking, Meals, Mileage)	Amount
1			
2			
3			
4			
5			
6			
7			
8			

Signature _____ **Date:** ____/____/____ **Total Expenses \$** _____

Send form and original copies of receipts to:
CIR National Office, 520 Eighth Avenue, Suite 1200, New York, NY 10018