



**New York State Conservation District
 Employees' Association, Inc.
 NYS Erosion & Sediment Control Certificate Program
 Review Course & Exam
 Instructor Reimbursement Request**

Name: _____ Address: _____ Date: _____ Signature: _____	Send Completed Form To: Chemung County SWCD Attn: Jessica Verrigni 851 Chemung Street Horseheads, NY 14845 jessica@chemungswcd.com
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Date(s) of Course & Exam: _____

Budget Item	Description	Total
Food For Instructors		\$
Room Rental		\$
Instructor Fee		\$
Mileage Reimbursement		\$
Instructor Hotel Room		\$
Copies/Supplies/Refreshments		\$
Total Expense		\$

Once approved by the NYS E&SCCP Program Administrator, this will be sent to the NYS CDEA Member At-Large:
 Dean Moore, Warren County SWCD, dmoore123@nycap.rr.com for processing.

MEMBER AT LARGE
Signature: _____
Dollar Amount: _____
Date Approved: _____

TREASURER
Signature: _____
Check Number: _____
Account: <u>NYSESCCP</u> _____

**NYS E&SCCP Administrator Approval: _____