



New York State Conservation District Employees' Association, Inc. Request for Reimbursement

ALL REQUESTS MUST BE SUBMITTED BEFORE 12/31 OF THE YEAR INCURRED

Payable to: _____
Address: _____
Date: _____
Signature: _____

Send completed form to both:

Alice Halloran, Essex County SWCD
ahalloran@essexcountyswcd.org
Mikaela Perham, Fulton County SWCD
fultonswcd@gmail.com

For each budget category below write a brief description of the charges/fees and the amount. ATTACH RECEIPTS

Awards & Recognition		\$
Cons. Skills Workshop*		\$
Division Training		\$
Envirothon *		\$
Executive Board		\$
Frank Bratt Scholarship*		\$
NACD		\$
NACD-NE		\$
NYS Fair/Farm Days*		\$
Administrative Conference*		\$
Ronny Raindrop®		\$
Sunshine		\$
Postage/Office/Telephone		\$
Training Session		\$
Other		\$
TOTAL EXPENSES		\$

MEMBER AT LARGE

Signature: _____
Dollar Amount: _____
Date Approved: _____

TREASURER

Signature: _____
Check Number: _____
Account: _____

*Chairperson: _____