

Request for Reimbursement From Schenectady Chapter of the ADK

Name and Address to send payment: _____ Date: _____

Name: _____

Street 1: _____

Street 2: _____

City, State, Zip: _____

Total Amount: \$ _____

Summary: _____

Circle expense category (requires approval from category authority)

Administration	Masters Members	Speaker Series
Annual Meeting	Memorial Contributions	Trails
Conservation	News Letter	Whitewater
Highschool Scholarship	Northville Placid Trail	Young Members
Leadership Development	Publicity	Other or Miscellaneous

Mail completed form and **ALL receipts** to:

**Colin Thomas
 8 Union Street #5
 Schenectady, NY 12305**

Or email complete form (with clear **photos of ALL receipts** attached) to

treasurer@adk-schenectady.org