

College on Problems of Drug Dependence

Expense reimbursement

Requests for reimbursement must be submitted within 60 days after the June meeting

Please mail form along with receipts to:

CPDD, Center for Substance Abuse Research, Temple University School of Medicine, 3400 N. Broad Street, Phila., PA 19140

NAME: _____ PHONE #: _____ FAX # _____

ADDRESS: _____ EMAIL _____

DATE(S): _____

DESTINATION: _____ PURPOSE: _____

DAY	AUTO MILEAGE @ .505 /MILE	CAR RENTAL	AIR/TRAIN	TAXI LIMO BUS	LODGING	MEALS	*MISC.	TOTAL:
SAT.								
SUN.								
MON.								
TUES.								
WED.								
THURS.								
FRI.								
TOTAL REIMBURSEMENT:								

(Enclose receipts for lodging, airfare, ground transportation and other travel expenses greater than \$15.00)

*Explanation: _____

SIGNATURE: _____ DATE: _____

Mail to (if different from address above): _____

___ CPDD EARLY CAREER INVESTIGATOR AWARD

___ NIDA/CPDD TRAVEL AWARD

___ SYMPOSIUM SPEAKER

___ WOMEN/GENDER AWARD

SYMPOSIUM NUMBER ___