



CTC-RI Mailing Address: c/o Healthcentric Advisors
 235 Promenade Street
 Suite 500
 Providence, RI 02908

REQUEST FOR REIMBURSEMENT

NAME: _____

OFFICE ADDRESS: _____

RESIDENTIAL ADDRESS: _____

OFFICE PHONE: _____

HOME PHONE: _____

Address to which check will be sent: OFFICE or HOME

Attach Plane/Train ticket stub(s) and all other appropriate receipts, these MUST accompany all requests for reimbursement of expenses.

**2018 CTC-RI Annual Conference: Building Capacity for Comprehensive Primary Care
 (Account Number: 68400)**

Itemize Expenses Below

Purpose of Travel: _____

Date of Travel: _____

Plane: _____ Train: _____

Private Car (total miles) _____ x \$0.575 *per mile*

Parking Fees: _____

Taxi: _____

Hotel: _____

Meals: _____

Other (please specify): _____

Amount	
Total	
\$	

Date Submitted: _____

Signature: _____

Please return the completed form with receipts to Candice Brown at the mailing address above, or scan to: CBrown@ctc-ri.org

Official Use Only

Date Received: _____

Project: _____

Approved By: _____

Account Number: _____