

2026 NYCRA Expense Reimbursement Form

Mentor Name: _____

Payable to: _____

Mentee Name: _____

Preferred Reimbursement Method:

If by **check**, provide mailing address

If by **Zelle**, provide mobile number/
email address:

Date					GRAND TOTALS
Breakfast					\$0.00
Lunch					\$0.00
Dinner					\$0.00
Coffee:					\$0.00
					\$0.00
					\$0.00
TOTAL DUE:					<u>\$0.00</u>

Signature: _____

Date: _____

Please Submit To: Meg Kudolo, NYCRA Treasurer, at Meg.Kudolo@ropesgray.com

Reimbursement Guidelines

- Expenses up to a maximum of two \$50.00 meals per person and two \$15 coffee chats per person will be reimbursed.
- Please save all original receipts and submit along with a signed copy of this form within 30 days of the expense.