

Alaska Emergency Nurses Association

State Council Request for Reimbursement



ALL EXPENSES NEED TO HAVE ATTACHED RECEIPT AND BE SUBMITTED WITHIN 30 DAYS OF INCURRING EXPENSE TO BE CONSIDERED FOR REIMBURSEMENT.

Fax to: 907-868-2544

Name, mailing address & phone:

EXPENSES: Please indicate committee/office incurring expense.

| AMOUNT | DATE | TYPE OF EXPENSE: COMMITTEE/OFFICE |
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*SINGLE ITEMS GREATER THAN \$25.00 MUST HAVE PRIOR AUTHORIZATION.

Conference of State Presidents:

Airfare: _____ Hotel: _____ Meals: _____
Other: _____

General Assembly:

Airfare: _____ Hotel: _____ Meals: _____
Other: _____

Total Request for Reimbursement _____

Prior Approval? YES/NO _____ Approved by whom? _____

For office use only:

Total Reimbursed: _____ Paid with Check #: _____ Date: _____

Signature: _____