

# ALASKA STATE COUNCIL EMERGENCY NURSES ASSOCIATION

## 2018 REQUEST FOR EXPENSE REIMBURSEMENT

**THIS FORM MUST BE COMPLETELY FILLED OUT IN ORDER TO PROCESS YOUR REQUEST.  
INCOMPLETE FORMS WILL BE RETURNED.**

### INFORMATION

1. THIS FORM IS TO BE USED WHEN REQUESTING REIMBURSEMENT OF APPROVED EXPENSES.
2. RECEIPTS **MUST** BE ATTACHED FOR REIMBURSEMENT, NO EXCEPTIONS.
3. PLEASE ALLOW TWO WEEKS FOR PROCESSING THE REIMBURSEMENT.
4. MUST BE COMPLETED AND RECEIVED WITHIN 30 DAYS OF TRAVEL IN ORDER TO BE REIMBURSED

NAME \_\_\_\_\_ ENA# \_\_\_\_\_ EXPIRATION DATE \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

**PLEASE DESCRIBE YOUR EXPENSES BELOW (also, circle amount on copies of receipts)**

Itemization:
\$ _____ Transportation: airfare Destination: City _____
\$ _____ Transportation: auto* Miles _____
\$ _____ Accommodations
\$ _____ Per Diem (submit to chapter)
\$ _____ Items not listed – provide explanation on back _____
\$ _____ Total expenses
If needed by a specific date—note here _____

RETURN COMPLETED FORM WITH RECEIPTS TO **Sabreena Martin, AKENA TREASURER**  
[breena.stratton@gmail.com](mailto:breena.stratton@gmail.com) or 8164 Stewart Mountain Drive Eagle River, AK 99577  
Make copies for your records and submit original to the treasurer

### FOR TREASURERS USE

CHECK # \_\_\_\_\_

DATE PROCESSED \_\_\_\_\_

NAME \_\_\_\_\_

\*transportation is reimbursed for mileage based on IRS Official Reimbursement Rate