



Expense Reimbursement Form

Emergency Nurses Association Michigan Council

**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 FOR MICHIGAN ENA EXPENSES OR TRAVEL.
2. RECEIPTS **MUST** BE ATTACHED FOR REIMBURSEMENT, NO EXCEPTIONS.
3. PLEASE ALLOW 2-4 WEEKS FOR PROCESSING THE REIMBURSEMENT.

***Note that even when per diem check is received prior to travel (i.e. Delegate-General Assembly, Advocacy Day), this form must be completed and sent to the treasurer within one month.*

Name:
Project:
Address:
Signature:

Please itemize expense

Expense	Purpose	Amount
Total Amount of Reimbursement		

For office use only

Budgeted: Yes or No	Budget Category	Meeting date expense approved	
Total Amount:	Date:	Check Number:	

***Please send receipts to Michigan ENA Treasurer; Kim Johnson, 2659 Orbit Drive, Lake Orion, MI 48360