



# Expense Reimbursement Form

Emergency Nurses Association Michigan Council

1. THIS FORM IS TO BE USED WHEN REQUESTING REIMBURSEMENT OF APPROVED EXPENSES FOR MICHIGAN ENA.
2. RECEIPTS **MUST** BE ATTACHED FOR REIMBURSEMENT, NO EXCEPTIONS.
3. PLEASE ALLOW 2-4 WEEKS FOR PROCESSING THE REIMBURSEMENT.
4. **Must be postmarked by January 31, 2019**

Date:	
Project: ENPC 5 <sup>th</sup> Edition Instructor Update Book Reimbursement	
Name:	ENA number:
Address:	
Signature:	

Expense	Purpose	Amount
ENPC 5 <sup>th</sup> Edition Instructor book	ENPC Instructor/Director/Faculty	\$70.00
Total Amount of Reimbursement		\$70.00

**Email to:** [healthedst@gmail.com](mailto:healthedst@gmail.com) or **Fax to:** 734-250-7951

- 1. This form**
- 2. Paid receipt for book**
- 3. Completion certificate for ENPC 5<sup>th</sup> Edition Update**

*For office use only*

Budgeted: Yes or No	Budget Category	Meeting date expense approved	
Total Amount: \$70.00	Date:	Check Number:	