



Michigan State Council

Expense Reimbursement Form

Emergency Nurses Association Michigan Council

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.**

Date:
Project:
Name:
Address:
Signature:

Please itemize expense

Expense	Purpose	Amount
	Total 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**