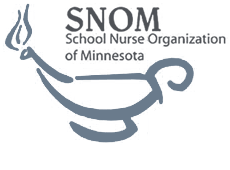
**SCHOOL NURSE ORGANIZATION OF MINNESOTA**

**EXPENSE REIMBURSEMENT REQUEST**

***Enter amount claimed. Include billing statement, receipt, or copy of check***

|  |  |  |  |
| --- | --- | --- | --- |
| **Type of Expense** | **Amount** | **Type of Expense** | **Amount** |
| NASN Dues |  | Program Supplies |  |
| Clerical Work |  | Postage/Stamps |  |
| Computer Work |  | Printing |  |
| Food Cost |  | Publication |  |
| Facility Rental |  | Sub Pay |  |
| Independent Contractor Fee |  | **Travel Costs: (Total)** |  |
| Instructor/Speaker Fee |  | * Airfare/   Baggage |  |
| Legal/Professional Fee |  | * Food |  |
| Lobbying Fee |  | * Hotel/ Lodging |  |
| Merchandise |  | * Parking/   Transportation |  |
| Mileage: Number of miles \* 0.67 cents per mile |  | Website/ computer fees |  |

**\*\* Expenses must be reported within ONE month for reimbursement**

Total Reimbursement: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Make check out to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email or mail BOTH SIDES of this form to:

Annie Lumbar Bendson, SNOM Treasurer

306 Tyler Avenue North Hopkins, MN 55343

[annie.lumbarbendson@minnetonkaschools.org](mailto:annie.lumbarbendson@minnetonkaschools.org)

**SNOM Budget Line Items**

|  |  |  |  |
| --- | --- | --- | --- |
|  | NASN Dues |  | Mileage |
|  | Board Meetings |  | Miscellaneous |
|  | Conference Funds |  | **NASN Conference** |
|  | Diabetes Task Force |  | * President’s Expense |
|  | Educational Fellowship Program |  | * Director’s Expense |
|  | Executive Committee |  | Nominating Committee |
|  | Finance Committee |  | President Office Supplies |
|  | Gifts/Awards |  | **Program Expense** |
|  | Government Action/Lobbyist |  | * Fall Conference |
|  | Information Technology |  | * Foundation for School   Nurse Practice |
|  | Insurance |  | Public Relations |
|  | Legislative Committee |  | Research Committee |
|  | Membership |  | Scholarship |
|  | Strategic Plan Committee |  | Sub pay for SNOM Reps |

Email or mail BOTH SIDES of this form to:

Annie Lumbar Bendson, SNOM Treasurer

706 Maggie Way Chanhassen, MN 55317

[annie.lumbarbendson@minnetonkaschools.org](mailto:annie.lumbarbendson@minnetonkaschools.org)