Expense Reimbursement Report

New England Region of the Wound, Ostomy, and Continence Nurses Society®

Name _____

Committee / Office _____

Address _____

_____

Email _____

Phone # _____

Date	Description of Expense	Supplies	Airfare	Lodging	Trans (rental,taxi,tolls,etc)	Meals & Tips	Conferences and Seminars	Miles	Per Mile Reimb	Mileage Reimb	Misc.	Total $
									0.585	-		-
									0.585	-		-
									0.585	-		-
									0.585	-		-
									0.585	-		-
									0.585	-		-
									0.585	-		-
									0.585	-		-
									0.585	-		-
									0.585	-		-
									0.585	-		-
									0.585	-		-
									0.585	-		-
									0.585	-		-
									0.585	-		-
									0.585	-		-
									0.585	-		-
									0.585	-		-
									0.585	-		-

Total Reimbursement Due -

Please note:

*Reimbursement forms must be submitted within ***30 days*** of the meeting with receipts

*Refer to current Policy & Procedure Manual for specific reimbursement details

For Treasurer Use

Date Recv'd	
Date Paid	
Check #	
Amount	$
Comments	