



Nebraska Association of Nurse Anesthetists Reimbursement Request Form

DATE: _____

Name: _____ Meeting Attended: _____

Street: _____ Meeting Location: _____

City: _____ Meeting Date: _____

State: _____ Zip: _____

Are you requesting reimbursement for expenses incurred for another individual? _____

If yes, please explain: _____

Reimbursement Check Payable to: _____

ITEMIZATION OF EXPENDITURES (Give Details & Attach Original Receipts)	AMOUNT										
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%; padding: 5px;">Meal Expenses:</td> <td style="width: 40%; padding: 5px;">Others in attendance/notes</td> </tr> <tr> <td style="padding: 5px;">Day 1: Bkfst _____ Lunch _____ Dinner _____</td> <td rowspan="5"></td> </tr> <tr> <td style="padding: 5px;">Day 2: Bkfst _____ Lunch _____ Dinner _____</td> </tr> <tr> <td style="padding: 5px;">Day 3: Bkfst _____ Lunch _____ Dinner _____</td> </tr> <tr> <td style="padding: 5px;">Day 4: Bkfst _____ Lunch _____ Dinner _____</td> </tr> <tr> <td style="padding: 5px;">Day 5: Bkfst _____ Lunch _____ Dinner _____</td> </tr> <tr> <td style="padding: 5px;">Other: _____</td> <td></td> </tr> </table>	Meal Expenses:	Others in attendance/notes	Day 1: Bkfst _____ Lunch _____ Dinner _____		Day 2: Bkfst _____ Lunch _____ Dinner _____	Day 3: Bkfst _____ Lunch _____ Dinner _____	Day 4: Bkfst _____ Lunch _____ Dinner _____	Day 5: Bkfst _____ Lunch _____ Dinner _____	Other: _____		
Meal Expenses:	Others in attendance/notes										
Day 1: Bkfst _____ Lunch _____ Dinner _____											
Day 2: Bkfst _____ Lunch _____ Dinner _____											
Day 3: Bkfst _____ Lunch _____ Dinner _____											
Day 4: Bkfst _____ Lunch _____ Dinner _____											
Day 5: Bkfst _____ Lunch _____ Dinner _____											
Other: _____											
Hotel Room and Tax Expense: _____											
Travel: Air Fare: _____ Baggage Fees: _____ Mileage: _____ miles roundtrip @ IRS rate = \$ _____											
Ground Transportation (Receipts required for amounts over \$15.00): Parking \$ _____ Cabs/Shuttle/etc. \$ _____											
Miscellaneous (Itemize and attach receipts): _____											
Meeting registration fees: _____											
Signature: _____	TOTAL:										

NANA Travel Reimbursement Policy

1. **Reimbursement regulations for Officers, Board of Directors and delegates from the general assembly are:**
 - a. **Travel by automobile** will be reimbursed at the per mile rate allowed by IRS, unless additional travel costs are authorized by the Board of Directors. In the event that more than one person travels in the same vehicle, only one member will be reimbursed.
 - b. **Travel by air** shall be based on discounted round-trip coach airfares between the NANA representative's hometown and the meeting site. NANA may reimburse for luggage fees for one checked bag per person.
 - c. **Lodging** will be reimbursed for nights that are part of the official business being attended by the NANA representative, and for the night immediately preceding and following the meeting or function if travel between the meeting site and the NANA representative's home cannot reasonably be completed on the days of the meeting. Lodging reimbursement will be based on single occupancy rates for a standard hotel room, unless alternative accommodations are authorized by the Board of Directors.
 - d. **Meals** shall be reimbursed on the basis of itemized statements and shall cover the duration of the event or meeting requiring attendance by the NANA representative, plus the time required for travel to and from the meeting. In no event shall meal expenses exceeding an average of \$75 per day be reimbursed without approval of the Board of Directors.
 - e. **Transportation to and from airport** will be reimbursed up to a total of \$40. Ticket or receipt must be provided.
 - f. **Business entertainment** shall be reimbursed based on itemized, documented statements and reimbursed amounts shall be consistent with the approved budget for such entertainment.

No reimbursement shall be provided for expenses of spouses or others traveling with NANA Representatives.

2. **Reimbursement Process**

A NANA Reimbursement Request Form shall be completed and submitted to the NANA office (1633 Normandy Court, Suite A, Lincoln, NE 68512) within thirty (30) days of the end of the meeting. Submission to include Completed Reimbursement Request Form, receipts for all claimed expenses, and claimants signature.