



# Emergency Nurses Association Oregon State Council

## Request for Reimbursement

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ x \_\_\_\_\_  
Purpose of Expense: \_\_\_\_\_  
Total Amount requested: \$ \_\_\_\_\_

Please remember to attach *copies* of your receipts. No reimbursement will be considered without appropriate documentation.

*Travel related requests only*

Location of meeting: \_\_\_\_\_  
Dates of meeting: \_\_\_\_\_  
Registration or Conference Fee: \$ \_\_\_\_\_  
Air Fare: \$ \_\_\_\_\_  
Ground Transportation: \$ \_\_\_\_\_  
Mileage: \_\_\_\_\_ miles  
*Reimbursement for use of your own personal vehicle for  
ENA/OSC business.*

Other:  
Description: \_\_\_\_\_ Amount: \$ \_\_\_\_\_  
Description: \_\_\_\_\_ Amount: \$ \_\_\_\_\_  
Description: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

*These expenses are submitted for consideration of reimbursement by the Oregon State Council of the Emergency Nurses Association. I understand that reimbursement is subject to all IRS regulations including but not limited to non-deductibility as a business expense.*

Signature \_\_\_\_\_

Contact [treasurer@oregonena.org](mailto:treasurer@oregonena.org) for information on submitting this form.