

VERMONT/NEW HAMPSHIRE ASSOCIATION OF PERIANESTHESIA NURSES

EXPENSE REPORT

Date: _____
NAME: _____ PHONE: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____

PURPOSE: (Please check the appropriate box and write which committee or meeting the expense is for)

___ COMMITTEE EXPENSE/MEETING: _____

___ BOARD EXPENSE/MEETING: _____

___ VT/NH APAN CONFERENCE EXPENSE: _____

___ ASPAN CONFERENCE EXPENSE: _____

___ QUEST _____

___ OTHER: LIST _____

EXPENSE ITEMS FOR REIMBURSEMENT: AMOUNT:

Airfare	_____
Mileage @ \$.45/mile	_____
Hotel _____ nights @ \$ _____ /night	_____
Per Diem _____ up to \$40/day	_____
Registration	_____
Equipment Rental	_____
Telephone	_____
Supplies	_____
Postage	_____
Printing	_____
Copying	_____
Food	_____
Labels/ List	_____
Gift Certificates	_____
Door Prizes	_____
Other: List _____	_____

TOTAL: \$ _____

(ALL RECEIPTS OR COPIES MUST BE ATTACHED TO GET REIMBURSED!)

SIGNATURE: _____

BOARD MEMBER AUTHORIZATION: _____

TREASURER: _____