

## BUSINESS EXPENSE REIMBURSEMENT FORM

111 E. Wacker Drive, Suite 2900, Chicago, IL 60601-4277

**EXPENSES PAID BY:**

DATE

ATTENDEE NAME	CHECK PAYABLE TO		
MEETING NAME	PAYEE ADDRESS		
MEETING LOCATION	PAYEE CITY	STATE	ZIP

EXPENSES:	Date:	Date:	Date:	Date:	Date:	Date:	Date:	TOTAL
Airfare								
Lodging								
Meals: Breakfast								
Lunch								
Dinner								
Shuttle/Taxi								
Telephone								
Parking, tolls								
Mileage								
Bus, Rail								
Other:*								
<b>TOTAL EXPENSES</b>								

EXPENSE COST CENTER	AMOUNT

**Instructions:**

Refer to NCSBN travel policy for delineation of reimbursable expenses. **Submit Business Expense Reimbursement Form within two weeks of the expense.** Retain a copy for your records. Receipts must be attached for all expenses paid by traveler which exceed **\$75.00**

**EXPENSE SUMMARY**

TOTAL EXPENSES	
LESS CASH ADVANCED	
AMOUNT DUE	

**EXPLANATORY REMARKS \***

I certify that this statement is accurate as to actual and necessary business expenses incurred.

Signed \_\_\_\_\_

Date \_\_\_\_\_

APPROVAL SIGNATURE

DATE

ACCOUNTING SIGNATURE

DATE