

BUSINESS EXPENSE REIMBURSEMENT FORM

EXPENSES PAID BY:

DATE

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

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	

EXPENSES: Date: Date: Date: Date: Date: Date: **TOTAL**

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

EXPLANATORY REMARKS *

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

Signed _____

Date _____

NCSBN USE ONLY:

APPROVAL SIGNATURE

DATE

ACCOUNTING SIGNATURE

DATE

EXPENSE COST CENTER	AMOUNT