

NCSBN BUSINESS EXPENSE REIMBURSEMENT FORM INSTRUCTIONS

Meeting attendees should complete NCSBN Business Expense Reimbursement fillable form, attach receipts for all expenses over \$50.00 and send to csrequests@ncsbn.org. NCSBN employees should send the form to their department head for approval. Please refer to NCSBN Travel Policy for delineation of reimbursable expenses.

EXPENSES PAID BY

ATTENDEE NAME	Enter the first and last name of the individual incurring the expense.
CHECK PAYABLE TO	Enter the name of the individual or the Board of Nursing receiving the payment.
MEETING NAME	If expenses are for travel, enter the committee name, specific NCSBN meeting name, external organization meeting, Member Board visit, seminar, or other event attended. If not for travel, please describe what the expense entails.
MEETING LOCATION	Enter the location of the meeting, city, and state.
PAYEE ADDRESS/CITY/STATE/ZIP	Enter the mailing address where reimbursement should be sent.

EXPENSES

Use this section to enter amounts paid by the individual or Board of Nursing requesting reimbursement.

Airfare/Bus/Rail/Lodging/ Meals/Shuttle/Taxi/ Rideshare/Other	Enter the US dollar amount in the row for each type of expense under the meeting's date. Enter a description in the Explanatory Remarks section (right center of the form) for expenses that do not have a designated row. When paying for meals for others, please list the name of each person. The expenses will automatically calculate in the fillable form.
Mileage	Enter the number of miles traveled using your personal car to attend the business meeting. The expense will automatically calculate.

EXPLANATORY REMARKS

Use this section to provide additional information to describe the purpose of the expense.

Please note when providing support for a specific Member Board the name of the Board should be entered on the form. For example: research projects, speaking requests, training, IT projects, and visits to Boards of Nursing.

SECTION CERTIFYING THE ACCURACY AND THE NECESSITY OF BUSINESS EXPENSE INCURRED

SIGNED	The written signature of the individual requesting the reimbursement.
DATE	Enter the date that the expense report is completed and sent for approval.

NCSBN USE ONLY

NCSBN staff will complete this section.