

**NCSBN BUSINESS EXPENSE REIMBURSEMENT FORM INSTRUCTIONS**

Complete form, attach receipts for all expenses and send to the NCSBN Accounting Department. 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 for travel, enter the committee name, specific NCSBN meeting name, external organization meeting, Member Board visit, seminar, or other event attended. Do not simply write "Attended meeting". If not for travel, please describe what the expense entails.
MEETING LOCATION	Enter the location of the meeting, city and state.
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/Other	Enter the dollar amount in the row for each type of expense under the date for that meeting. Enter a description for other expenses that do not have a designated line in the Explanatory Remarks section in the right center of the form. When paying for meals for others, please list the name of each person.
Mileage	Enter the number of miles traveled using your personal AUTO 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, for example: research projects, speaking requests, training, IT projects, and visits to Boards of Nursing, the name of the Board should be entered on the form.
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**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 employees should send the form to their Department Head for approval. Members and volunteers should send the form to the NCSBN office to the attention of the Accounting Department at the address listed on the form.

**APPROVAL ROUTING**

SIGNATURE	The written signature of individual approving the form.
DATE	Enter the date that the expense report is signed and forwarded to the Accounting Department.

**EXPENSE COST CENTER**

For Accounting Department use only

Revised 8-1-17