

# NCSBN BUSINESS EXPENSE REIMBURSEMENT FORM INSTRUCTIONS

Meeting attendees should complete NCSBN Business Expense Reimbursement fillable form, receipts for all expenses over \$75.00 and send to [csrequests@ncsbn.org](mailto: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.

## EXPENSE 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

date expense under the meeting's

meeting. The expense will automatically calculate.

100298 ET 889.82 (E) 2.6 C (X) 9.5 TW 1.90.1 (D) 10.4 BT 8NE 0.006 TR11 (E) 2T48 DcaEa]ca-8802I9O0E623E626[(

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.

Enter the date that the expense report is completed and sent for approval.

## NCSBN USE ONLY

NCSBN staff will complete this section.