



## Florida Emergency Nurses Association Expense Reimbursement Form

Name: \_\_\_\_\_

ENA Position: \_\_\_\_\_

Chapter Name: \_\_\_\_\_ Chapter Number: \_\_\_\_\_

Mileage: One way \_\_\_\_\_ x 2 x 50.5 cents/mile= \$ \_\_\_\_\_

Airfare (attach copy of ticket) \$ \_\_\_\_\_

Hotel (max \$120.00 attach copy of receipt) \$ \_\_\_\_\_

Other approved expenses \$ \_\_\_\_\_

(Please attach receipts)

Total \$ \_\_\_\_\_

Mailing address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

\_\_\_\_\_