

Alaska Emergency Nurses Association

State Council Request for Reimbursement



All expenses need to have attached receipt and be submitted within 30 days of incurring expense to be considered for reimbursement

Mail reimbursement forms to: Patty Williams, PO Box 10137, Fairbanks, AK 99710
or scan and email reimbursement forms and receipts to: patty.williams@bannerhealth.com

Name:		
Mailing Address:		
City:	State:	Zip:
Phone:	Email:	

Expenses: Please indicate committee/office incurring expense.

Conference/Event	Date	Type of Expense	Amount

*Single items greater than \$25.00 must have prior authorization.

Total Request for Reimbursement _____

Prior Approval? Yes/ No Approved by whom? _____

For office use only: Total Reimbursed: _____ Paid with Check #: _____ Date: _____ Signature: _____
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