

# MASSACHUSETTS SCHOOL NURSE ORGANIZATION EXPENSE REIMBURSEMENT VOUCHER

*Please refer to guidelines on reverse side*

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

Address: \_\_\_\_\_  
 \_\_\_\_\_ Zip: \_\_\_\_\_

Purpose of trip or expense: \_\_\_\_\_  
 From: \_\_\_\_\_ To: \_\_\_\_\_ Date(s): \_\_\_\_\_

EXPENSES: All items must be supported by a receipt.

Transportation:

Public Carrier Fares .....	\$ _____
Auto travel ---- Mileage _____ @ <b>\$0.405/mile</b>	\$ _____
Cab Fares .....	\$ _____
Parking and tolls .....	\$ _____
Other (explain) .....	\$ _____
.....	\$ _____

Lodging and meals:

Hotel #of nights _____ @ \$ _____ /night) ...	\$ _____
Meals ( <b>\$50.00</b> per day, pro-rated) .....	\$ _____

Miscellaneous:

Telephone .....	\$ _____
Postage .....	\$ _____
Printing / Copying .....	\$ _____
Stationary / Supplies .....	\$ _____
Newsletter expense .....	\$ _____
Consultation .....	\$ _____
Substitute Nurse .....	\$ _____
Other (explain) .....	\$ _____

<b>TOTAL</b> .....	\$ _____
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Additional information or explanation:

Signed: \_\_\_\_\_

Office Use Only:

Approved: President \_\_\_\_\_  
 Treasurer \_\_\_\_\_

Date Paid: \_\_\_\_\_

Check number: \_\_\_\_\_

## MASSACHUSETTS SCHOOL NURSE ORGANIZATION EXPENSE REIMBURSEMENT VOUCHER GUIDELINES

- A. Transportation – Transportation expenses include all regularly scheduled forms of travel (airplane, train, bus, etc.) including the use of a personal automobile. Only round trip coach airfare, using the most economical flight available will be reimbursed. Ground transportation (including tips) to or from the hotel or meeting site will be reimbursed. All modes of transportation except a personal car must be substantiated by a written receipt. Travel by personal car is reimbursed at the rate of **\$0.405** per mile, providing the total does not exceed coach airfare. Necessary parking fees and tolls will be reimbursed when accompanied with receipts. There will be no reimbursement made for tips for carrying luggage.
- B. Lodging – Lodging should be arranged for double occupancy whenever possible. Reimbursement will only be made for room rates reasonable for the area. Receipts are required.
- C. Meals – meals will be reimbursed at the rate of **\$50.00** per day. Receipts are required. If only part of a day is involved or if a meal is provided free at any time during the course of the business, **the \$50.00 per diem rate will be reduced by \$7.50 for breakfast, \$10.00 for lunch, and \$12.50 for dinner.** There will be no reimbursement for alcoholic beverages.
- D. Telephone calls should be made in the least expensive manner whenever possible. Credit card calls are most expensive, operator assisted calls less, and direct dial before 7:00 a.m. or after 5:00 p.m. least expensive. Necessary phone calls should be reasonable in length.
- E. Expense vouchers are to be submitted with all receipts when requesting any type of reimbursement. They are to be submitted within a 30-day time period. If a voucher is received more than 30 days after the expenses are incurred, 25% will automatically be deducted. All reimbursement requests must be approved and signed by the President **and** Treasurer of MSNO before payment can be made.
- F. If expenses are incurred for a conference or NASN board meeting or for legal consultation, a written report must be submitted to the MSNO Board before reimbursement is made.