

TSGNA EXPENSE FORM

Name: _____ Expenditure Date(s): _____

Address: _____

(Reimbursements will be mailed to this address)

Refer to *TSGNA Personal Expenditures Policy* to determine appropriateness of expenditures.

	Paid by Individual	Prepaid by TSGNA
Annual Course:		
Hotel		
Postage		
Printing		
Supplies		
Miscellaneous: _____		
Divisional Expense:		
SGNA Dues: BOD, Committee Chair, Officer, Past President		
Scholarship: Certification, Membership, Points		
Travel: President, President Elect, Other: _____ SGNA Course, Leadership		
Lodging		
Airfare		
Mileage: 0.505 / mile		
Per Diem (\$50/day)		
Regional Night: _____		
Total Paid:		
Due to individual:		
Due to TSGNA:		

To be submitted within 30 days of expenditure. Attach all receipts to this form. I have read and understand the terms and conditions for the *TSGNA Personal Expenditures Policy*. I certify that this Expense Form is accurate to actual and necessary TSGNA expenses.

Signature: _____ Date: _____

Date Received: _____ Date Check Sent: _____

Treasurer Signature: _____ Check Number: _____