

Connecticut Society of Gastroenterology Nurses and Associates, Inc.
Board Policy & Administrative Procedure

Reimbursement Application

Requested by: _____
(Member's name and contact information)

Payable to: _____
(Company or person; include address if needed)

Expenditure for: _____
(Describe)

Amount requested: _____

Receipts/Brochures/Agenda (attach): _____

Budget item: _____

Non-budget, approved by CTSGNA BOD on: _____

Itemization

Date(s): _____

Conference attended and location:

Registration Fee	
Airfare	
Airport Parking	
Hotel	
Transportation	
Other	

Comments: _____

All reimbursements must be submitted within 30 days of attendance/purchase.

Treasurer's Section:

Date:	Amount:	Check #	Account:

Comments: _____