



EXPENSE REPORT

Submit to: Linda Broyles
Cal ENA Treasurer 2009
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(619) 540-7234 (cell)

CHECK NO.	TREASURER'S USE ONLY
AMOUNT	
DATE PAID	

NAME/COMPANY		DATE	
MAILING ADDRESS		APT NO.	
CITY	STATE	ZIP CODE	
EMAIL ADDRESS		TELEPHONE (incl. area code)	
STATE COUNCIL POSITION : <input type="checkbox"/> President <input type="checkbox"/> President-elect <input type="checkbox"/> Treasurer <input type="checkbox"/> Treasurer-elect <input type="checkbox"/> Secretary <input type="checkbox"/> Immediate Past-President <input type="checkbox"/> Director-at-Large <input type="checkbox"/> Committee Chair <input type="checkbox"/> Delegate <input type="checkbox"/> Chapter Level _____ _____ COMMITTEE NAME _____ (Chapter Rep)			
PURPOSE OF TRAVEL: (Check One) <input type="checkbox"/> STATE COUNCIL MTG <input type="checkbox"/> LEADERSHIP <input type="checkbox"/> DELEGATE <input type="checkbox"/> STATE LEADERS ORIENTATION		DATE(S) OF BUSINESS TRAVEL:	
EXPENSE ITEM			AMOUNT
TRANSPORTATION (Select one) ** Attach receipts. Mileage will be based on mapquest calculated miles x the current IRS Official reimbursement rate)	<input type="checkbox"/> AIRFARE (21 day advance)		\$
	<input type="checkbox"/> MILEAGE \$0.45/mile	DEPARTURE CITY	
		DESTINATION CITY	\$
ACCOMMODATIONS			\$
PER DIEM (<i>complete separate Travel Substantiate Report and attach</i>)			\$
Miscellaneous Business Expenses Please list: <i>(Attach receipts)</i> <i>* see key below</i>			\$
			\$
			\$
			\$
			\$
TOTAL EXPENSES			\$

TREASURER'S USE ONLY						
Date rec'd	Bank Fees		Gov't Affairs		Education	
Date processed	Board Travel		Grants		Scholarships	
Date distributed	Chapter Rebates		Membership		Services&Fees	
Route(choose one)	Council meeting		Newsletter		Injury	
	Conference call		Nurse Practice		Phone	
Treasurer's initials	Delegate assistance		Office Supplies		ENPC	
	Delegate Selection		Postage		TNCC	
	Gifts				Other:	