

ILLINOIS NURSES ASSOCIATION  
910 W. Van Buren Street, Suite 502  
Chicago, Illinois 60607

*Please type or print in black ink.*

**Volunteer/INA Local Unit Members Expense Voucher**

(January, 2020 - December, 2020)

Name \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

Purpose of Travel \_\_\_\_\_

Meeting Dates \_\_\_\_\_

The following expenses were incurred by me on behalf of the Illinois Nurses Association and I am herewith submitting my request for reimbursement.

- a. Transportation (Air/Railroad/Bus – Receipt required) \$ \_\_\_\_\_
- b. Local (Bus/Limousine/Taxi – Receipt required) \$ \_\_\_\_\_
- c. Auto (\_\_\_\_\_) miles at **.575 cents per mile** \$ \_\_\_\_\_
- d. Parking/Tolls (Receipt required for over \$28.00) \$ \_\_\_\_\_
- e. Lodging (See reverse side for explanation – Receipt required) \$ \_\_\_\_\_
- f. Other (Itemize – Receipts Required) \$ \_\_\_\_\_

**TOTAL \$** \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Approved \_\_\_\_\_

Date \_\_\_\_\_

Office use only	
Ok'd _____	
Voucher _____	
Amount _____	
Date Paid _____	
Acc# _____	

Please donate my reimbursement to:	
<input type="checkbox"/>	INA PAC

## **Policy:**

All reimbursable expenditures are to be incurred at the lowest cost possible. All exceptions must be explained and documented. Volunteer expense vouchers are due no later than three weeks following the INA meeting/event for which expenses were incurred.

### Transportation

Actual fare on railroad, air plane or bus is reimbursed. It is expected that travel by tourist or economy accommodations will be used when available and convenient. Receipts or ticket stubs are required for all expenses except for mileage and for parking under \$28.00.

Car mileage allowance is the IRS allowable mileage adjusted on July 1st of each year. It is expected that when a car is used in lieu of other transportation, two or more INA representatives will travel together when possible.

### Lodging

Whenever possible it is expected that INA members will share a hotel room. If a single room is requested INA will reimburse only one half of the room rate.

The lower of \$60 plus taxes or 50% of the rate for two persons will be reimbursed. There is a maximum of \$70.00 in major metropolitan areas.

When it is necessary to exceed this amount, consideration will be authorized on an individual basis. It is expected that when reservations are not made by INA and the amount exceeds the maximum allowable, the difference will be paid by the individual. Receipts are required for lodging (hotel itemized bill). Credit card receipts are not sufficient.

Under ordinary circumstances, members in the local area of a meeting (other than the INA convention) are not reimbursed for overnight expenses. Exceptions must be requested with rationale for needing overnight accommodation.

### Meals

There is no reimbursement for meals, tips etc.

### Other

Other travel expenses may be reimbursed depending on the pertinence of the expense to the business of INA. Prior authorization is encouraged and receipts are required for reimbursement. (INA Local Unit Members meal expenses may be included with receipt attached.)

Send claims to:

Illinois Nurses Association  
910 W. Van Buren St, Suite 502  
Chicago, IL 60607