



ORNANS MEMBERS EXPENSE REPORT

****To be submitted within 30 days of the event being claimed**

PERSONAL INFORMATION:

Name: _____ Membership #: _____
Address: _____
Home #: _____ email: _____
Fax #: _____
Hospital: _____ Department: _____ Title: _____

EXPENSES:

Board Member: Y or N Provincial Executive or RPO? (circle if applicable)
How much funded? Fully or partial (provide amount): _____

Board members on ORNANS business: Car x _____ Food: _____
Km x rate

Other expenses:

Details of Conference: _____ Date of Conference: _____
Hotel: _____ Air fare: _____
Registration fee: _____ Ground transportation: _____
Parking: _____
Cab: _____ Food: _____

TOTAL EXPENSES: _____

*******NOTE: NO REFUND WITHOUT RECEIPTS*******

CLAIMANT'S SIGNATURE: _____

REFUND ISSUED BY: _____

DATE: _____ CHEQUE #: _____

****Send completed forms to: Christine Chisholm, 49 Whidden Street, Antigonish, NS, B2G 2V7 or scan and email to ornanstreasurer@gmail.com**

****Please follow up with an email to ensure receipt of form- ornanstreasurer@gmail.com**