

**AMERICA'S ESSENTIAL HOSPITALS/ESSENTIAL HOSPITALS INSTITUTE TRAVEL EXPENSE REPORT FOR MEMBERS**

Scan and email completed form along with copies of all receipts November 14, 2014 to: Darlene Shenier at [dshenier@essentialhospitals.org](mailto:dshenier@essentialhospitals.org)  
America's Essential Hospitals will reimburse up to \$1,000 of member travel expenses

TRAVELER'S NAME: \_\_\_\_\_

DATES OF TRAVEL: \_\_\_\_\_

ORGANIZATION: \_\_\_\_\_

TRAVEL FOR the Association or the Institute? (circle one) Association Institute XX OTHER

PURPOSE OF TRAVEL (check box)

Association Board  
Institute Board Meeting  
Speaker  
Panel Moderator  
Fellows Meeting  
Other

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input checked="" type="checkbox"/>

DESCRIPTION OF TRAVEL: \_\_\_\_\_

EHEN Summit on Harm Reduction, November 10, Chicago, IL

(name of conference or meeting and place of meeting)

DATE	AIRFARE/ TRAIN	*	GROUND TRANSP.	*	MEALS	*	HOTEL	*	TIPS	*	OTHER	*	TOTAL
													\$ -
													\$ -
													\$ -
													\$ -
													\$ -
													\$ -
													\$ -
													\$ -
													\$ -
													\$ -
													\$ -
													\$ -

TOTAL EXPENSES \$ - \$ - \$ - \$ - \$ -

TOTAL DUE TO YOU \_\_\_\_\_

**PAYEE INFORMATION:**

CHECK SHOULD BE PAYABLE TO: \_\_\_\_\_

ADDRESS WHERE TO SEND CHECK: \_\_\_\_\_

**OFFICE USE ONLY:**

CHECK #:	ACCOUNT CODINGS:	AMOUNT:
DATE PAID:		