



Massachusetts
Nurses
Association

CONVENTION REIMBURSEMENT FORM

MNA Regions will reimburse its members for Convention expenses up to \$250.00 for hotel, registration fee and parking. MNA will not reimburse for food or optional event fees. In addition, each Region will reimburse mileage to and from Convention. Receipts for reimbursement must be stapled to this form and submitted to your Region within **60 days** of Convention.

Please print

Name: _____

Street Address: _____ City/State/Zip: _____

Email Address: _____ Phone Number: _____

Facility Name: _____

Total Covered Convention Expense Submitted for Reimbursement

Hotel: \$ _____

Registration: \$ _____

Parking: \$ _____

Convention Expenses Total: \$ _____

Mileage: From (city) _____ To (city) _____

Mileage will be reimbursed at the current IRS rate (attach receipts for tolls if applicable)

* In order to qualify for reimbursement you must be a full member in good standing ("in good standing" means that your dues are up to date).

** Attention Unit 7 (state facilities) Employees: You may request \$75 convention registration and \$75 hotel reimbursement from Unit 7. Please contact the Labor Division at MNA Headquarters (781-821-4625 x712) for the appropriate form. Each amount will deducted from your request for full reimbursement (up to \$250) from the MNA Regions.

Date Submitted: _____

Signature: _____

Region Chair Approval: _____

MNA Region 1 Office, 241 King Street, Suite 226, Northampton, MA 01060 • MNA Region 2 Office, 365 Shrewsbury Street, Worcester, MA 01604-4631

MNA Region 3 Office, POB 1363 (60 Route 6A), Sandwich, MA 02563 • MNA Region 4 Office, 50 Salem Street, Bldg. A, Lynnfield, MA 01940

MNA Region 5 Office, 340 Turnpike Street, Canton, MA 02021

FOR OFFICE USE ONLY

VENDOR # _____ DD _____ ACCT. UNIT # _____ INV. # _____ DUE DATE _____ REF _____

BATCH # _____ ACT. _____ CHK# _____ CHK DATE _____