



National League for Nursing Accrediting Commission, Inc.

3343 Peachtree Road NE, Suite 500 • Atlanta, GA 30326
P. 404.975.5000 • F. 404.975.5020 • www.nlnac.org

NLNAC TRAVEL REIMBURSEMENT

INSTRUCTIONS: Please complete this form and return within 10 business days. Original itemized receipts must be submitted for all reimbursable expenditures incurred by the traveler. Keep a copy of the completed travel reimbursement form and receipts for your records. Errors may cause delays in reimbursement.

SECTION 1 – MAILING INFORMATION

Check if mailing information has changed

First Name: _____ Last Name: _____

Address: _____ Apt/Suite: _____

City: _____ State: _____ Zip: _____

SECTION 2 – PURPOSE OF TRAVEL

Purpose of Travel: _____

- Commissioner
- Evaluation Review Panel Member
- Accreditation Site Visitor (*Section 2A*)
- NLNAC Staff
- Other (*Please specify*)

SECTION 2A – FOR ACCREDITATION SITE VISITS

Name of Governing Organization Visited: _____

Program Type(s) Visited: (*Check all that apply*)

- Clinical Doctorate
- Master's
- Baccalaureate
- Associate
- Diploma
- Practical

SECTION 3 – REIMBURSABLE TRAVEL EXPENSES

Please reference/complete the corresponding sections (3A – 3H) on the back of this form.

Date (mm/dd/yy)										TOTAL
	3A - Airline/Train									
	3B - Lodging									
	3C - Personal Auto									
	3D - Taxi									
	3E - Tolls/Parking									
	3F - Auto Rental									
	3G - Meals									
	3H - Miscellaneous									
	TOTAL									

SECTION 4 – TRAVELER'S SIGNATURE

I certify to have incurred the above reimbursable expenses.

Signature _____

Date _____

FOR NLNAC STAFF USE ONLY

Date Received: _____

Processed By: _____

Verified By: _____

Approved By: _____

	EXPENSE	DEPARTMENT	TOTAL EXPENSE
CODE			
CODE			
CODE			
TOTAL			

NLNAC TRAVEL REIMBURSEMENT: SECTIONS 3A – 3H

SECTION 3A – AIRLINE/TRAIN

For airline/train expenses paid by traveler ONLY. Do not enter any airline/train expenses if paid or booked through NLNAC’s travel account (AXIOM).

SECTION 3B– LODGING

For reimbursement of lodging expenses paid by traveler.

SECTION 3C – PERSONAL AUTO *(Use of personal auto for travel requires prior authorization from NLNAC)*

Date	Start and Destination	Purpose of Trip	Miles X Rate Current Rate=0.46	Amount

SECTION 3D– TAXI

Date	Start and Destination	Purpose of Trip	Amount

SECTION 3E – TOLLS/PARKING

Date	Start and Destination	Purpose of Trip	Amount

SECTION 3F– Auto Rental

For auto expenses paid by traveler ONLY. Do not enter any auto rental expenses if paid or booked through NLNAC’s travel account (AXIOM).

SECTION 3G – MEALS

Please refer to the daily limits on meals as detailed in the *NLNAC TRAVEL POLICY HANDBOOK* (tips should be included in meal costs).

SECTION 3H – MISCELLANEOUS

Date	Description	Amount

Mail to: NLNAC
Attn: Travel Reimbursement
3343 Peachtree Road NE, Suite 500
Atlanta, GA 30326

- Reminders:**
1. Have you signed the NLNAC Travel Reimbursement Form (SECTION 4 – TRAVELER’S SIGNATURE)?
 2. Have you attached all original itemized receipts? (credit card copies not accepted)
 3. Have you made copies of the completed form and attachments for your records?

Please call Jocelyn Pineda, Accounting Specialist at 404.975.5012 if you have any questions or need assistance.