The Kansas School Nurse Organization (KSNO) intends to pay reasonable travel expenses for authorized KSNO representatives. Representatives are naturally expected to use discretion and good judgment in all matters involving KSNO funds. Travel related to KSNO representation and business shall be approved by the President, or in the absence of the President, the President-Elect and/or Vice President.

AUTHORIZED KSNO REPRESENTATIVES

1. KSNO Officers and Board Members shall be reimbursed mileage at the rate of $.35 cents/mile incurred while attending a meeting of the Executive Board. If the board member is traveling by school district transportation and travel expenses are already being provided, it is not prudent for the board member to submit for reimbursement from KSNO. Board members attending Summer Conference will not receive mileage or hotel reimbursement for the July Board Meeting.

2. Designated representatives attending other meetings/functions as related to their office or upon request of the organization shall be reimbursed for transportation, lodging and meals after a report is filed.

3. Reimbursement will ONLY occur with the submission of the Expense Voucher and attached written original receipts. No receipts are required for mileage reimbursement. All reimbursements must be completed and submitted to the Treasurer within 30 days of completed expenses.

Form (See attached)

B. Transportation – Transportation expenses include all regularly scheduled forms of travel (airplane, train, bus, etc.) and the use of a personal automobile. Only round-trip coach airfare, using the most economical flight available at the time will be reimbursed. Ground transportation to and from the hotel or meeting site will be reimbursed. A written original receipt must substantiate all modes of transportation, except a personal car. Travel by personal car is reimbursed at the rate of $.35 cents/mile, providing the total does not exceed coach airfare. In addition, necessary parking fees or highway tolls will be reimbursed with the necessary receipts.

C. Lodging - Lodging should be for double occupancy whenever possible.

1. Lodging for National Travel - Reimbursements for room rates reasonable for the area will be allowed.

2. Lodging for In-State Travel - Reimbursement up to $70 for one nights lodging to attend KSNO Executive Board Meetings or other In-State meetings necessary to fulfill the function of their office or as requested by the President, will be allowed when transportation greater than 250 miles is required one-way to attend the meeting or timing of the meeting requires an over-night stay to meet the obligation. Original receipts are required.

D. Meals - Meals will be reimbursed on the basis of up to $25 per day (Breakfast-$5.00, Lunch $7.50, Dinner-$12.50) for representatives with budgeted funding approved for travel attending National meetings. Original receipts are required. When meals are included in the conference registration fee or otherwise covered by the conference/organization, the specific meal amounts listed above will be deducted from the per diem allowance. Banquets/luncheons with a keynote speaker will be paid by KSNO in lieu of the per diem amount. However, social or recreational events, i.e. golf mixers, tours, etc. will not be paid by KSNO.

E. Reimbursement not budgeted or over budgeted amount requires majority Executive Board approval prior to reimbursement.

F. KSNO will NOT reimburse for tips. Tips are considered a personal expense.
Kansas School Nurse Organization Expense Reimbursement Voucher

**ORIGINAL RECEIPTS MUST BE ATTACHED**, should be labeled and pertain to the budgetary category

Voucher must be submitted within 30 days of expenditure

Mail completed voucher to KSNO Treasurer

Name: ___________________________________ Miles (if driving by car): ________________

KSNO Office/Appointment: ________________ Departure Date/Time: ________________

From Destination: ________________________ To Destination: ________________________

Reason for Reimbursement: ________________ Return Date/Time: ________________

<table>
<thead>
<tr>
<th>Expense Account Number</th>
<th>Travel</th>
<th>Mileage</th>
<th>Lodging</th>
<th>Meals (B/L/D)</th>
<th>Miscellaneous</th>
<th>Total</th>
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Original RECEIPTS MUST BE ATTACHED (excluding mileage) and must pertain to the initial budget category

Travel includes airfare or other means of transportation, parking, tolls, taxi, shuttle, etc. Vehicle miles are reimbursed at $0.35 cents/mile. Meals for national meetings are reimbursed at $25 per day. Miscellaneous includes telephone, postage, printing, and any other expenses that do not fit into other categories. Please indicate on the attached receipts what they are for and also note in the space provided below.

Explanation of any item above:

Signature: ___________________________ Date: _________ Total Amount Requested ______________

Address: _______________________________ Phone: _______________ (W/C/H)

City, State, Zip Code: ________________________________

Signature of KSNO Treasurer: __________________________ Date: ______________

KSNO Check # for Reimbursement: ______________

Mail to the Kansas School Nurse Organization Treasurer