

2017-18 NWCAC Awards and Scholarship Reimbursement Form

Demographic Information

Name	
Street Address	
City, State and Zip Code	
Phone Number	
Email Address	
AACN Membership Number	

Directions for Point/Funds Allocation

- Use remaining points/funds from 2016-17 for reimbursement
 Save 2017-18 points/funds for next year
 Use 2017-18 points/funds for reimbursement as requested and save remainder for next year

*Please note, points/funds earned this year may be carried over for **only 1 year**.*

Please submit the following for reimbursement:

- 2017-18 Point Accumulation Form
- All applicable receipts
- Self-Addressed Stamped Envelope

Reimbursement Requested

Education Event Name _____ **Dates** _____

Item	Amount
Seminar Registration Fee	
Travel Expenses <ul style="list-style-type: none"> • Airfare • Driving \$0.54/mile 	
Hotel	
Miscellaneous Expenses <ul style="list-style-type: none"> • Food • Shuttle/Cab Service • Gratuities *Not to exceed total of \$40/day	

Item	Amount
Critical Care/Nursing Book Title:	
Nursing Journal Title:	
Certification Dues	
ACCN National Dues	

Total Amount Requested: _____



For Committee Use Only:

Total Points Accumulated for 2016-17	
Dollar Amount per Point	\$
Total Funds Available for Reimbursement	\$
Exempt Status Funds	\$
Amount of Funds Requested	\$
Amount of Funds Paid	\$
Amount of Funds Saved for Next Year	\$