



New York State Council ENA
Request for Refund for Expenses

Date: _____

Name: _____

Address: _____

Email : _____

Phone: _____

Request for:	Cost	Item
Postage	_____	_____
Hotel	_____	_____
Travel	_____	_____
Other	_____	_____
	_____	_____

Totals : \$ _____

Committee _____

Committee Chair Approval signature _____

Mail Request to: Rosa Waldroff, RN
144 Dikeman Rd
Pittsford, NY 14534

email : pjny48@aol.com

PLEASE STAPLE required RECEIPTS TO THIS REQUEST