



Committee, SPIN, Council, Cabinet, or Task Force

# Budget Reimbursement Application

Fiscal year 20\_\_ - \_\_

Appendix H

**Unit:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Chair:** \_\_\_\_\_  
*Print Chair's Name* *Chair's Signature*

**Email:** \_\_\_\_\_

Please fill in the category and amount requested below and then send this form to the NADE Treasurer to arrive before June 15 of this fiscal year.

Category	Amount Requested	Amount Approved
	\$	Office use
	\$	Office use
	\$	Office use
	\$	Office use
	\$	Office use
	\$	Office use
	\$	Office use
	\$	Office use
	\$	Office use
Check if additional materials attached.		
TOTAL	\$	Office use

To whom should the check be made payable?

**Pay to:** NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

### Explanatory Notes:

- The NADE fiscal year runs from July 1 to June 30.
- Allocated amounts are subject to availability of funds. Reimbursement checks may take up to 8 weeks to process.
- No funds may be used to compensate NADE members, their family members, or organizations in which they or their family members have a financial interest without notifying the NADE Board of the potential conflict of interest in advance of the expenditure. In such cases, formal NADE Board approval must be obtained in advance of the expenditure, and such approval should not be assumed.
- Expenditures incurred in excess of approved amounts or for purposes other than those approved will not be paid or reimbursed without formal NADE Board approval in advance of the expenditure. Such approval should not be assumed.
- All reimbursement requests must include this reimbursement form and original receipts for each expenditure taped to a separate sheet of paper. Exceptions to the receipt requirement are minimal out-of-pocket expenses such as tips (15% maximum suggested) or mileage (currently \$0.45/mile, as of July 1, 2008). Forms are available at [www.NADE.net](http://www.NADE.net).
- Invoices or reimbursement requests must be delivered to the NADE Treasurer by **June 15** of the fiscal year in which the allocation was approved. Late invoices or requests for reimbursement against the allocation will be handled at the discretion of the NADE Executive Board, which may choose to deny payment and/or reimbursement. All unexpended allocations return to the general fund at the end of each fiscal year. No funds may be carried into the following fiscal year.

Send this form to

**NADE Attn: Treasurer**  
170 Kinnelon Road, Ste. 33, Kinnelon, NJ 07405  
Tel: 877-233-9455  
Fax: 973-838-7124