

NYSNA Delegate (or Alternate serving as Delegate) Expense Report for 2026 Convention

Name: Address: City/State/Zip:				Purpose & Name of Meeting: 2026 Convention Location: NY Hilton Midtown Facility/Employer:							Date(s) of Travel:								
Date				Miles or Mode of Travel	Transport Cost Miles @ .725* - only in regions where NYSNA transportation was not provided		Parking /Tolls	Lodging	Meals			Misc. Reg. Fee	Reimbursement Source Category: Delegate Expenses (or Alternate serving as Delegate)						
	From	To	To						Breakfast	Lunch	Dinner								
10/25									X	*	X								
10/26									X	X	X								
10/27									X	X	*								
													*Only members traveling more than 3.5 hours may be eligible for these meals						
Total cash & personal charge items													<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; padding: 2px;">Total Cash & Personal Charge Items</td> <td style="border: 1px solid black; padding: 2px;">\$</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">Less: Non-Reimbursable Expenses</td> <td style="border: 1px solid black; padding: 2px;">\$</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">Balance Due</td> <td style="border: 1px solid black; padding: 2px;">\$</td> </tr> </table>	Total Cash & Personal Charge Items	\$	Less: Non-Reimbursable Expenses	\$	Balance Due	\$
Total Cash & Personal Charge Items	\$																		
Less: Non-Reimbursable Expenses	\$																		
Balance Due	\$																		

Member's Signature _____ Date _____

For NYSNA Office use:

Approver _____ Date _____

Charge to: _____

Did you have a roommate? ____Y ____N

Was your roommate a ____NYSNA Member?
&/or ____a Conv. Delegate?

Roommate name: _____

To be filled out by roommate:

I (roommate) did not pay for room _____OR

I (roommate) paid 1/2 and will submit expense ____

Roommate Signature: _____

NYSNA Convention 2026 - Delegate Reimbursement Policy

Attendance required: For Convention Delegates to be eligible for reimbursement of Convention related expenses, attendance and participation (voting) in Voting Body is required on Day 2. If attending the full convention, attendance at continuing education sessions on Day 1 is also required.

Hotel Accommodations:

- **Members serving as Convention delegates attending the full convention that live or work (NYSNA facility) two hours or less from the Convention venue** are eligible for reimbursement for hotel accommodations at the single occupancy rate (including all taxes and fees) for the night of October 26th.
- **Members serving as Convention delegates attending the full convention that live or work (NYSNA facility) more than two hours from the Convention venue** are eligible for reimbursement for hotel accommodations at the single occupancy rate (including all taxes and fees) for the nights of October 25th & 26th.*
- **Members serving as Convention delegates attending only the business meeting** being held on October 27th are eligible for reimbursement for hotel accommodations at the single occupancy rate (including all taxes and fees) for the night of October 26th* if they live or work (NYSNA facility) more than two hours from the convention venue.
- **Additional Guidelines:** Hotel accommodations must be booked through a NYSNA designated room block at the negotiated rate to be eligible for reimbursement. Hotel receipts must be itemized from the hotel and have the members' name and dates of stay. If the designated NYSNA room block is full or the date has expired, Convention Delegates must contact NYSNA's Meeting and Convention Planning department prior to booking outside of the block to be eligible for reimbursement. Alternate accommodations will only be considered for reimbursement with prior approval for accommodations comparable to the NYSNA rate. Members may not be reimbursed for more than the cost of the hotel room or for points or any alternate payment method used for their NYSNA room or for rooms booked through a third-party vendor (Expedia, Trip Advisor, etc.). Convention delegates that choose to have a roommate may be eligible for reimbursement for half the cost of the room.

Transportation: NYSNA will provide transportation from various facilities and regions should the demand justify the expense. If NYSNA provides transportation from the region in which you live and work, travel expenses will not be reimbursed.

- **Seated Convention Delegates that live or work in regions where NYSNA does not provide transportation** may be reimbursed for a round trip of the most economical and reasonable means of transportation available when submitted with a receipt including the date of travel and cost.
- **For seated Convention Delegates that live or work in a region where NYSNA does not provide transportation** and choose to drive, mileage may be reimbursed (at the IRS rate) up to the amount up to the rate of the least expensive means of the most economical and reasonable means of transportation available. Tolls may be reimbursed when a receipt is provided. Gasoline costs will not be reimbursed as they are factored into the mileage reimbursement rate.
- Convention Delegates that live or work in Western and Central New York areas may be eligible for airfare reimbursement with pre-approval. Contact NYSNA's Meeting and Convention Planning Department for more information.

Meal Reimbursement: For delegates that are approved for overnight accommodation, meals outside of the Convention may be reimbursed for up to IRS per diem rate. Receipts must be itemized and include the date. Note: Alcoholic beverages are not reimbursable. **There is no reimbursement for a meal where there is a NYSNA-provided meal.**

Registration Fee: Delegates may submit for reimbursement of the registration fee on their expense voucher by indicating the amount paid in the miscellaneous column. No receipt is necessary as NYSNA has documentation of these payments.

Reimbursement Process: Itemized receipts must be submitted along with the reimbursement form no later than 90 days after the last day on which the event took. **E-mail or mail this form along with receipts to: NYSNA, Attn: Accounting Dept., 155 Washington Ave, Albany, NY 12210 or to 2026ConventionReimbursements@nysna.org no later than Tuesday, January 26, 2027.**