

Marian University Student Nurses' Association

Voucher for Payment

All MUSNA members requesting reimbursement must complete this voucher and submit it to the Treasurer. Active membership is required (see bylaws). All the following information must be completed for reimbursement.

Name:	Date:
Address:	
Phone:	

Nursing Pin Reimbursement

Please check all that apply.

_____ MUSNA member one semester senior year (\$5)
_____ MUSNA member two semesters senior year (\$10)

_____ MUSNA member one semester junior year (\$5)
_____ MUSNA member two semesters junior year (\$10)

_____ MUSNA member one semester sophomore year (\$5)
_____ MUSNA member two semesters sophomore year (\$10)

_____ MUSNA member one semester freshman year (\$5)
_____ MUSNA member two semesters freshman year (\$10)

Total: \$ _____

For each semester you were active in MUSNA you need to list MUSNA meetings and service projects. A history of your service projects can be obtained from the Community Involvement Program. Please attach the involvement sheet obtained.

List all MUSNA meetings attended:

List all Service Projects participated in:

Approved Signature: _____
Check# _____

Denied: _____ Reason: _____

Com Service _____ Dues _____ Attend _____ Advisor _____