

Action Fund Request Form



**PENNSYLVANIA
ACTION
COALITION**

A healthy PA through nursing

This is a request for funds from the Pennsylvania Action Coalition Action Fund. For requests under \$1,500, please email page 1 of this packet to paaction@nncus at least 3 weeks prior to the date needed. Requests over \$1,500 and/or hardship waivers require at least 6 weeks. Complete page 2 and return with the approved form and documentation (e.g. receipts) within 30 days to receive reimbursement.

Date Requested: _____

Date Needed: _____

Total Amount: _____

Request By: _____ Region: _____

Payable To: _____

Address: _____

Description/Purpose: _____

For PA-AC Use Only

Date Submitted to Board: _____ Approved Declined

Request for Additional Information: _____

Date Requestor was Advised: _____ By: _____

Date of Mailing: _____ Check #: _____



Action Fund Invoice

Date:

Name:

Billing Address:

Vendor: National Nursing Centers Consortium
1500 Market Street
Centre Square
LM500 – Mailroom
Philadelphia, PA 19102

Invoice #:

Attn: Sarah Hexem

DESCRIPTION	AMOUNT DUE
Dates of Service:	
# of Hours:	
Hourly Rate:	
Travel Reimbursement (.565/mile):	
Other Travel or Expenses:	
Total:	
Please remit to the address above. Thank you.	