

North Carolina Society of Medical Assistants

Expense Voucher

Please list all items for which you are requesting reimbursement. See NCSMA Reimbursement Guidelines for a description of reimbursable expenses. Committee members should send this expense voucher to their respective committee chairman who will relay it to the President and President-Elect for approval.

Date:	
Pay to:	
NCSMA Affiliation	
Address	
City/State	Zip
The following expenses should be charged to:	

(Committee or Office)

YOU MUST SUBMIT RECEIPTS/INVOICES/MILEAGE DOCUMENTATION!
NO DOCUMENTATION = NO REIMBURSEMENT

	SUMBITTED EXPENSE	NON- SUBMITTED EXPENSE
Postage	\$	\$
Telephone	\$	\$
Travel (itemize below)	\$	\$
Hotel: (maximum ½ of hotel rate)	\$	\$
Mileage: _____ miles X \$0.50	\$	\$
Miscellaneous: (itemize below)	\$	\$
	\$	\$
	\$	\$
	\$	\$
TOTAL AMOUNT	\$	\$

Authorized by:		
	Committee Chairman	
Authorized by:		
	NCSMA President	
Authorized by:		
	NCSMA President-Elect	
Date Paid:	Check #	Amount \$
Paid by:		