

West Virginia State Medical Association Alliance, Inc.

Tax I.D. # 75-3045656

Tax Exempt I.D. # 75-3045656-001

2008-2009 Reimbursement Voucher

Name: _____ Date: _____
Address: _____
Phone: _____ Fax: _____ E-mail: _____
Office/Position: _____

RECEIPTS ARE REQUIRED FOR ALL EXPENSES

All receipts for reimbursement must be received within 60 days of expenditure.
Expenses include phone, postage, printing, supplies, hotel, travel, convention, etc.

<u>Date</u>	<u>Explanation of Expenditure</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Signature: _____ Total: \$ _____

Mail voucher with receipts to: **Rose Romero**
WVSMAA Finance Chairman
110 Sourwood Lane
Daniels, WV 25832
(304) 253-0405

Please keep a copy of the voucher and your receipts. Payment should be received within 30 days.

Amount approved: \$ _____
Line item/s: # _____
Amount/s remaining in budget: \$ _____

Signature of Finance Chairman / Date