West Virginia State Medical Association Alliance, Inc.

Tax I.D. # 75-3045656

2011-2012Reimbursement 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.

Date	Explanation of Expenditure	Amount

Signature: _____ **Total: $** _____

Mail voucher with receipts to: **Sarah Wade**
WVSMAA Treasurer
340 Snowcrest Lane
Pt. Pleasant, WV 25550
(304) 675-6765

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 Treasurer / Date