USMS REIMBURSEMENT VOUCHER		
Budget Account Title:	Account (Project)	
Instructions: (Pls. submit request within 30 days of incurring the expenses.)		
Use a separate voucher for each budget account number submitted.     Fill in the appropriate account number as found in the budget.		
3. Please print or type legibly.		
4. Attach receipts in order by expense type (number). You may use the reverse side for additional explanation or itemization.		
<ol> <li>Please DO NOT submit requests under \$25 except at the end of the calendar year.</li> <li>If a committee member incurs an expense, the committee member must complete the voucher and submit the voucher to the committee chair for an</li> </ol>		
approval signature first before submitting the voucher to the CFO for reimbursement.		
7. REMINDERS: Be sure to attach expense receipts to the voucher. If the reimbursement is in excess of your approved budget, obtain the		
proper approval. See FOG Section VI. 8. <u>Mail_or email completed vouchers to:</u>		
Reimbursements, USMS reimbursements@usms.org		
1751 Mound St., Suite 201		
Sarasota, Florida 34236		
Requester name:		
Address, City, State, ZIP		
Make check payable to third party:		
Address, City, State, ZIP:		
52400 MILEACE EVEENCE		
52100-MILEAGE EXPENSE Total Miles Traveled (enter below)	Per Mile	Mileage Reimbursement
Total Miles Traveled (enter below)	\$0.535	\$0.00
EXPENSE TYPE	AMOUNT	PURPOSE/EXPLANATION OF EXPENSE
52100 Travel (mileage, attach proof)	\$0.00	
52100 Travel (airfare/parking/taxi)		
52200 Rental Car		
52300 Hotel		
52400 Meals/Entertainment		
53100 Other Rent		
53150 Office Rent/Utilities/Services		
53250 Office Supplies		
53300 Minor Software/Equipment		
53350 Phone Costs		
53400 Postage		
53450 Printing/Photocopy Costs		
53500 Dues/Subscriptions/Fees		
54100 Production Costs		
54250 Graphic Design		
54300 Consulting		
54350 Outside Services		
54400 Video Production		
54450 Brochures		
54550 USMS Logo Merchandise		
54600 Advertising		
55100 Facilities Rent		
55200 Recognition/Awards		
55350 Hospitality		
18300 Less Contribution for SSL Contribution for Swimming Saves Lives Foundation		
TOTAL REIMBURSEMENT: \$0.00		
I hereby submit this request for reimbursement of expenses incurred by me on behalf of USMS, Inc.		
Signature of Requester: Date:		
APPROVALS		
Committee Chair/Officer:		Date:
CFO:		Date: