

**USMS REIMBURSEMENT VOUCHER**

**Budget Account Number:**

**Date:**

**Budget Account Title:**

**Year: 2008**

**Instructions:**

1. Use a separate voucher for each budget account number submitted.
2. Fill in the appropriate account number and account title as found in the budget.
3. Please print or type legibly.
4. Attach receipts chronologically, as the expenses occurred. You may use the reverse side for additional explanation or itemization.
5. Please DO NOT submit requests under \$25 except at the end of the calendar year.
6. If a committee member incurs an expense, the committee member must complete the voucher and submit the voucher to the committee chair for an approval signature first before submitting the voucher to the controller 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. Mail completed vouchers to:

**Margaret Bayless, Controller  
22149 Rye Road  
Shaker Heights, OH 44122  
Controller@usms.org  
Fax: 216-491-9024**

**Requester name:**

**Address:**

**City, state, ZIP:**

**Make check payable to third Party:**

**Address:**

**City, state, ZIP:**

EXPENSE TYPE	AMOUNT	EXPLANATION OF EXPENSE
Convention expense	\$	
Telephone/fax cost	\$	
Postage/ mailing	\$	
Printing/copying	\$	
Travel	\$	
Office supplies	\$	
Capital expenditures	\$	
Inventory purchases	\$	
Others (please specify)	\$	
<b>Total Reimbursement</b>	<b>\$</b>	

I hereby submit this request for reimbursement of expenses incurred by me on behalf of USMS, Inc.

**Signature of requester:**

**APPROVALS**

**Committee chair/officer:**

**Date:**

**Controller:**

**Date:**