

## USMS REIMBURSEMENT VOUCHER

**Budget Account Title:**

**Account (Project) Number:**

**Budget Year: 2017**

**Instructions (Pls. submit request within 30 days of incurring the expenses.)**

1. Use a separate voucher for each budget account number submitted.
2. 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.
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 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. Mail or email completed vouchers to:

**Reimbursements, USMS  
1751 Mound St., Suite 201  
Sarasota, FL 34236**

**reimbursements@usms.org**

Requester name:

Address, city, state, zip:

Make check payable to third party:

Address, city, state, zip:

	EXPENSE TYPE	AMOUNT	PURPOSE/EXPLANATION OF EXPENSE
52100	Travel (airfare/parking/taxi/mileage)	\$	(.535 per mile)
52200	Rental Car	\$	
52300	Hotel	\$	
52400	Meals/Entertainment	\$	
53100	Other Rent	\$	
53150	Office Rent/Utilities/Services	\$	
53250	Office Supplies	\$	
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	\$	
		\$	
	Less Contribution for SSL	\$	Contribution for Swimming Saves Lives Foundation
	<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:**

**Date:**

### APPROVALS

**Committee Chair/Officer:**

**Date:**

**CFO:**

**Date:**