

NORTHWEST REGION OF THE



WOUND, OSTOMY & CONTINENCE NURSES SOCIETY®

Expense Voucher

Name: _____ Date _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (work) _____ (home) _____

Purpose: _____

Items for Reimbursement	Explanation	\$ Amount
Air Fair		
Hotel		
Meals		
Auto Miles @ Mile		
Telephone		
Stationary & Supplies		
Copies		
Postage		
Other		

Total _____

Guidelines for Reimbursement:

1. Paid receipts **must** accompany the voucher when submitted.
2. Expense voucher must be completed and submitted after expenses are incurred.
3. All vouchers must be submitted to the Treasurer within 60 days after expenses are incurred.
4. Reimbursement will be made according to the budget or per a decision of the Budget and Finance committee.
5. Keep a duplicate copy of your voucher and receipts for you personal records.

Office Use:

Date paid: _____ Amount Paid: _____ Check # _____

Treasurer Signature _____