

MARYLAND STATE USBC ASSOCIATION, INC.

EXPENSES VOUCHER

This form is to be completed by anyone authorized by the President to incur expenses on behalf of the Maryland State USBC association (i.e, board meetings, committee meetings, etc.)

Occasion _____

Date of Meetings, etc. _____

Mileage	_____ @ \$0.20 per mile	\$ _____
Tolls		\$ _____
Meals		\$ _____
Telephone		\$ _____
Postage		\$ _____
Other (Specify)	_____	\$ _____

Number of attached receipts _____

TOTAL REIMBURSEMENT DUE \$ _____

SIGNATURE _____

PRINT NAME _____

DATE SUBMITTED _____

Office Use Only

DATE RECEIVED _____

DATE PAID _____

CHECK NUMBER _____ Account # _____

INITIAL _____