

Date \_\_\_\_\_  
Check # \_\_\_\_\_

*SOUTH CENTRAL REGION*

WOUND, OSTOMY AND CONTINENCE NURSING SOCIETY

**BOARD EXPENSE VOUCHER**

DATE \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

*Expense Items for Reimbursement:*

<i>Airfare</i>	_____
<i>Awards</i>	_____
<i>Hotel</i>	_____
<i>Mileage @ \$0.55 /mile</i>	_____
<i>Office Supplies</i>	_____
<i>Postage</i>	_____
<i>Printing</i>	_____
<i>Telephone</i>	_____
<i>Shuttle/taxi</i>	_____
<i>Other</i>	_____

*Total:* \_\_\_\_\_

*Amount Due Member:* \_\_\_\_\_

*Signature:* \_\_\_\_\_

\*\*\*PAID RECEIPTS MUST BE ATTACHED\*\*\*

Mail to: [PRESIDENT](#)

*Date Received:* \_\_\_\_\_

*Date Forwarded to treasurer:* \_\_\_\_\_