

THE AMERICAN BOARD OF DERMATOLOGY, INC.
REIMBURSEMENT VOUCHER

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PAY TO: _____ DATE SUBMITTED: _____

ADDRESS: _____

ACTIVITY: _____ (purpose) _____ (dates of travel)

TRANSPORTATION:

Airline (attach ticket stub) \$ _____

Automobile miles (_____ miles @ 57¢/mile) \$ _____

Automobile rental \$ _____

Bus, limousine, or taxi \$ _____

Parking \$ _____

HOTEL: (attach receipted bill) \$ _____

OTHER: (on route meals not on hotel bill, tips, etc.) \$ _____

TOTAL EXPENSES \$ _____

SIGNATURE: _____