The American Board of Oral & Maxillofacial Pathology One Urban Centre, Suite 690

One Urban Centre, Suite 690 4830 West Kennedy Boulevard Tampa, Florida 33622-5915

EXPENSE VOUCHER

Please mail to the Secretary/Treasurer of the Board, not the Board office.

		Today's Date				
Name						
and						
Mailing						
Address	Name of Meeting					
	Name of Meeting					
Meeting	Location					
	Inclusive Dates					
	moldolve Bales					
	N (Receipt or ticket stub must	be attached)				
Air/Rail			\$			
Taxi/Limo (includ	ing gratuities)		\$			
Automobile (54.5	Mileage	\$				
Parking and Tolls \$						
TOTAL TRANSPORTATION EXPENSE						
ACCOMMODATIONS AND MEALS (attach hotel and meal receipts)						
Hotel Charges	Hotel Name		\$			
Items NOT Inclu	uded in Hotel Bill					
Other Meals (including gratuities) \$						
Other Gratuities \$						
Other Travel-Related Expenses (Attach receipts) \$						
TOTAL ACCOMMODATIONS AND MEALS EXPENSE						
TOTAL ACCOMMODATIONS AND MEALS EXPENSE TOTAL TRANSPORTATION AND ACCOMMODATIONS AND MEALS EXPENSE \$\frac{1}{2}\$\$						
DEDUCTIONS						
Charges to be Bi	\$					
Corporate Card	\$					
Personal and Accompanying Persons' Expenses charged but \$						
not responsibility of ABOMP						
Expense Advanc	\$	\$				
TOTAL DEDUCTIONS						
NET TRANSPORTATION AND ACCOMMODATIONS EXPENSE \$						
I hereby certify that the expenses listed on this voucher were necessarily incurred by me in connection with my responsibilities with The American Board of Oral & Maxillofacial Pathology						
		nerican Board of Oral 8	¾ Maxillofacia	al Pathology		
and that reimbursement is due me.						
Signature		Secretary-Treasurer's Approval				

(continued)

EXPENSE VOUCHER (continued)

THE AMERICAN BOARD OF ORAL & MAXILLOFACIAL PATHOLOGY WILL:

- 1. Reimburse for actual air fare paid by Director.
- 2. Reimburse for all hotel accommodations and meal expenses for the meeting.
- 3. Reimburse for use of personal car as part of **required** travel to an ABOMP meeting at the rate of 54.5 cents per mile. All rental car usage must be pre-approved by the Board to be considered for reimbursement.
- 4. **NOT** reimburse for accompanying persons' expenses.
- 5. **NOT** reimburse for incidental or entertainment expenses.

FOR PERSONAL USE IN LISTING EXPENSES

	SUN	MON	TUE	WED	THU	FRI	SAT	TOTAL CASH	TOTAL CHGD	GRAND TOTAL
Air/Rail										
Auto										
Taxi/Limo										
Parking/Tolls										
Hotel										
Breakfast										
Lunch										
Dinner										
Gratuities										
Other										
TOTAL										

SPECIFIC COMMENTS OR EXPLANATIONS