

The American Board of Oral & Maxillofacial Pathology

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			
Meeting	Name of Meeting		
	Location		
	Inclusive Dates		
TRANSPORTATION (Receipt or ticket stub must be attached)			
Air/Rail		\$	
Taxi/Limo (including gratuities)		\$	
Automobile (54.5 cents per mile)	Mileage	\$	
Parking and Tolls		\$	
TOTAL TRANSPORTATION EXPENSE			\$
ACCOMMODATIONS AND MEALS (attach hotel and meal receipts)			
Hotel Charges	Hotel Name	\$	
Items NOT Included in Hotel Bill			
Other Meals (including gratuities)		\$	
Other Gratuities		\$	
Other Travel-Related Expenses (Attach receipts)		\$	
TOTAL ACCOMMODATIONS AND MEALS EXPENSE			\$
TOTAL TRANSPORTATION AND ACCOMMODATIONS AND MEALS EXPENSE			\$
DEDUCTIONS			
Charges to be Billed Directly to ABOMP		\$	
Corporate Card		\$	
Personal and Accompanying Persons' Expenses charged but not responsibility of ABOMP		\$	
Expense Advance		\$	
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 and that reimbursement is due me.			
Signature		Secretary-Treasurer's Approval	

(continued)

