

SMOA Expenses Voucher

This form to be used when requesting reimbursement of expenses incurred while representing the SMOA in an official or authorized training capacity.

Receipts must accompany this form, except gas receipts when mileage is being requested.

Name: _____

Event Date(s): _____

Event Name: _____

Event Location: _____

Capacity (trainer, student, representative, etc.): _____

Overnight Lodging Total: \$ _____ **Other Expenses?** (please list on back)

Fuel: \$ _____ **or Total Mileage:** _____ **miles @ .38/mi = \$** _____

Vehicle Owned by: (same as above) **Name:** _____

Other Occupants Attending Event: _____

None - _____

If you haven't already mailed your 2004-05 membership form with payment would you like the \$20 fee to be deducted from this voucher total? (circle one)

Y – (please submit completed membership form without payment, this voucher and all applicable receipts)

N – (please return completed membership form ASAP with payment as normal)

Signature: _____ **Date:** _____

Return to: SMOA Secretary 5298 Riverside Rd. Coloma, MI 49038-9559

For Office Use:

Total Expenses \$	_____
Membership \$	_____
Paid – Ck# \$	_____ # _____