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

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

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

Telephone: ­­ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Purpose of trip: \_\_\_\_\_\_

To and From: \_\_\_\_\_\_\_\_\_\_

**TRAVEL EXPENSES** (Attach Receipts)

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Mon | Tues | Wed | Thurs | Fri | Sat | Sun | Total |
| Date |  |  |  |  |  |  |  |   |
| Miles DrivenMileage @ .56/mile\* |  |  |  |  |  |  |  |   |
|  |  |  |  |  |  |  |  |  |
| Taxi, Tolls & Transportation\*\* |  |  |  |  |  |  |  |   |
|  |  |  |  |  |  |  |  |  |
| Hotel  |  |  |  |  |  |  |  |   |
|  |  |  |  |  |  |  |  |   |
| Meals (Max per day $50) And can eat any meals provided at the conference. |  |  |  |  |  |  |  |   |
|   |  |  |  |  |  |  |  |   |
|  Air Travel\*\*  |  |  |  |  |  |  |  |   |
|   |  |  |  |  |  |  |  |   |
|  |  |  |  |  |  |  |  |   |
| **Totals** |  |  |  |  |  |  |  |   |
|  |  |  |  |  |  |  |  |  |
|  | TOTAL REIMBURSABLE EXPENSE |  $  |

***\*IRS Mileage Rate Allowed***

***\*\*Please use economy airfare.***

***I certify that I am familiar with the provisions of the WAMSS Expense Statement and Travel Policy and this Expense Reimbursement Report is accurate as to actual and necessary business expense.***

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If you should have any question, please feel free to contact Heidi Martinez.

Thank you,

**Molly Nagel, CPMSM**

**State Treasurer**

**Michele Sabol, CPCS**

**Past-President / Conference Planning Chair**

**Submit with receipts by email to:**

WAMSS Treasurer:

C/O Molly Nagel,

2127 Fireside Lane

Oak Harbor, WA 98277

wamsstreasurer@gmail.com

WAMSS Conference Planning Chair:

Michele Sabol, CPCS

michele.sabol@healthspring.com

|  |
| --- |
| **FOR OFFICE USE ONLY** Check # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Paid : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Account(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |