**2018 WASHINGTON ASSOCIATION MEDICAL STAFF SERVICES**



Expense Reimbursement Report

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_WAMSS Position:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**TRAVEL EXPENSES** (Attach Receipts)

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

Purpose of Trip:  WAMSS Board Meeting - Miles\*\*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other (list) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

To/From: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Attach an Itemized statement listing expenses daily for each

category (i.e. car rental, mileage, parking, hotel, tolls, meals, etc.)

\*\* Please calculate your mileage at the current IRS rate allowed (.54 ½ mile) and include that cost below.

**ADMINISTRATIVE EXPENSES** (attach receipts)

|  |  |  |
| --- | --- | --- |
| **Type** | **Description** | **Amount** |
| Printing |  |  |
| Graphic Services/Design |  |  |
| Postage |  |  |
| Supplies |  |  |
| Conference Honorarium |  |  |
| Mileage |  |  |
| Other (list): |  |  |
|  |  |  |
|  |  |  |
| **Total Reimbursement Requested:** | |  |

**Submit with receipts by mail, fax, or email to:**

WAMSS Treasurer, Molly Nagel, CPMSM Phone: 360-672-5390 (cell)

2127 Fireside Lane

Oak Harbor, WA 98277 Email: [wamsstreasurer@gmail.com](mailto:wamsstreasurer@gmail.com)

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

**Revised 01/2018**