

**NMHA AUXILIARY/VOLUNTEER SERVICE – EXPENSE VOUCHER REQUEST**

**\*Reports Are Due By the 10<sup>th</sup> of Each Month**

Name: \_\_\_\_\_ Board Position: \_\_\_\_\_ Month/Year: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Date	Nature of Expense	Purpose, Place and Business Relationship	Mileage Beginning  Ending	**Account Number	Amount
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					.
					.
					.
					.
					.
					.
<b>TOTAL REIMBURSEMENT</b>					.

\* Any item older than 60 days will NOT be reimbursed.

Example: Completed October voucher will be sent to the President for approval by November 10.

I certify that the expenses were incurred as stated:

Board Member: \_\_\_\_\_ Date: \_\_\_\_\_

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

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

**INSTRUCTIONS:**

1. All items **MUST** be completed for approval of your expense.
2. The Nature of Expense **MUST** include the specific purchase, such as meals, airfare, etc.
3. The Purpose, Place and Business Relationship **MUST** include the reason for the expense, the place, and the business relationship of the expense to the Auxiliary/Volunteer Service.
4. Mileage is computed at \$0.50 per mile.

**\*\*Account Number:**

President	6000
President-Elect	6010
District Chairs	6011
National Convention (SAL)	6015
Board of Directors	6020
Midyear Board Meeting	6023
Annual State Meeting	6025
Supplies	6035
Postage	6045
Telephone	6040
Newsletter	6055

