

THIS IS A TWO PAGE DOCUMENT
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PROCEDURE FOR SUBMITTING VOUCHERS FOR PAYMENT

To receive payment for customary expenses:

1. Download and print the current voucher form on the following page.
2. Fill in all the information requested on the form.
3. Mail the COMPLETED voucher form, along with supporting documentation (receipts), to the Area XI chair for approval.

If you wish to speed up payment, you may submit your completed voucher form and supporting documentation (i.e. receipts, bills, etc.) electronically by scanning the documents and forwarding them to the Area XI chair via e-mail attachments. (.jpg or .pdf)

The Area XI Chair reviews submitted documents. The requestor will be contacted to clarify any concerns. Upon approval, a check is issued. The check may be in traditional “hard” form or issued electronically.

PLEASE NOTE: Due to IRS requirements you will still have to “snail mail” the original voucher and supporting original documentation to the Area XI Chair. Please do this as soon as possible after submitting electronically.

AREA XI - AGEHR VOUCHER

Fill in the information on the top part of the form.
Forward completed form to the AREA XI Chair for approval.

Claudette Rothwell, Area XI Chair
163 W. 4800 S.
Ogden, UT 84405
claudette.rothwell@gmail.com

DATE: _____ REQUESTED BY: _____

PAY TO: _____
NAME E-MAIL ADDRESS

MAILING ADDRESS

CITY, STATE, ZIP

AMOUNT: \$ _____ FOR: _____

NOTE: Meals will be reimbursed up to a maximum of \$15 for breakfast, \$20 for lunch and \$30 for dinner, incl. tax/tip. Meal expenses are NOT accumulative. No reimbursement will be made for alcoholic beverages.

___I do not wish to be reimbursed for the full mileage amount at the prevailing IRS business rate of 50 cents, and am donating \$_____ back to AGEHR.

(Please attach bills, invoices, cash receipts, or other documentation.)

Requests for reimbursement outside Rules of Procedure without approval prior to occurrence will be denied.

This section for use of Area XI Officers only

PAID: EFT_____ CF_____ DATE_____

DLVR BY_____

HANDWRITTEN CK_____ CK NBR_____ DATE_____

DATE MAILED_____

EMAIL NOTIFICATION SENT _____ DATE_____

SENT BY_____

APPROVED BY: _____ DATE_____

PAYMENT PROCESSED BY _____ DATE_____

Code for Officer use only:

EFT - Electronic Funds Transfer CF - Confirmation Number DLVR BY - Check should be delivered no later than this date.
CK - Check CK NBR - Check Number