

THIS IS A TWO PAGE DOCUMENT
Page 1 - Directions for submitting Vouchers
Page 2 - Voucher Form

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 11 chair for approval.

If you wish to speed up payment, you may submit the completed voucher form and supporting documentation (i.e. receipts, bills, etc.) electronically by scanning the documents and forwarding them to the Area 11 chair via e-mail attachments (.jpg or .pdf).

The Area 11 Chair reviews submitted documents. The requestor will be contacted to clarify any concerns. Upon approval, the chair will contact the Secretary/Treasurer with instructions to issue a check. The check is processed electronically and takes about a week to arrive after it is requested from the bank.

PLEASE NOTE: Due to IRS requirements you will still have to “snail mail” the original voucher and supporting original documentation to the Area 11 Secretary/Treasurer, **Janet Lake, P.O. Box 355, Sundance, WY 82729**. If you have questions, her email is treasurer.area11@handbellmusicians.org. Please send the hard copies as soon as possible after submitting electronically.

HANDBELL MUSICIANS OF AMERICA

AREA 11 - VOUCHER

Fill in the information on the top part of the form.
Forward completed form to the AREA 11 Chair for approval.

Shannon Casey, Area 11 Chair
1242 North Avenida Marlene
Tucson, AZ 85715
chair.area11@handbellmusicians.org

DATE: _____ REQUESTED BY: _____

PAY TO: _____

NAME _____ E-MAIL ADDRESS _____

MAILING ADDRESS _____ PHONE _____

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 cumulative. No reimbursement will be made for alcoholic beverages or in-room drinks, movies, etc.

___ I do not wish to be reimbursed for the full mileage amount at the prevailing IRS business rate (1-1-17) of 53.5 cents (\$0.535) per mile, and am donating \$_____ back to HANDBELL MUSICIANS OF AMERICA.

(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 11 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 Rev. March 2017