

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. Email the COMPLETED voucher form, along with supporting documentation (receipts), to the Area 11 Chair for approval, with a copy emailed to the Area 11 Secretary-Treasurer at treasurer.area11@handbellmusicians.org.

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.

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 and email a copy to the Sec-Treas.

Sharon Schmidt, Area 11 Chair

chair.area11@handbellmusicians.org

DATE: _____ REQUESTED BY: _____

PAY TO: _____

NAME

EMAIL ADDRESS

MAILING ADDRESS

PHONE

CITY

STATE

ZIP

AMOUNT: \$ _____ FOR: _____

PREFERRED FORM OF PAYMENT: _____ Check _____ Zelle - Send to: _____

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 charity rate (1-1-18) of 14 cents (\$0.14) **per mile**, and am donating \$ _____ back to HANDBELL MUSICIANS OF AMERICA. **Mileage not to exceed lowest reasonable round trip airfare and related air travel expenses.**

(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 _____

TO BE DELIVERED 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. 9-9-18**