

THE AMERICAN COLLEGE OF OBSTETRICIANS AND GYNECOLOGISTS ARMED FORCES DISTRICT

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TRAVEL EXPENSE VOUCHER

THIS FORM IS TO BE USED FOR CLAIMING REIMBURSEMENT OF ALL EXPENSES INCURRED BY ANY PERSON TRAVELING ON BUSINESS. A SUMMARY OF TRAVEL REIMBURSEMENT POLICIES IS PRINTED ON THE REVERSE SIDE OF THIS FORM. PLEASE RETURN THIS FORM TO YOUR SECTION OR DISTRICT CHAIR OR TREASURER ALONG WITH ALL **ORIGINAL** AIR OR RAIL TICKET STUBS, BAGGAGE FEES, TAXI RECEIPTS, HOTEL BILLS AND OTHER RECEIPTS FOR **\$25** OR MORE.

In addition to indicating dollar amounts to be reimbursed the boxed area below must be completed before we can process your request.

Name _____ Telephone _____
 Address _____ E-Mail _____
 City _____ State _____ Zip Code _____
 Reason for Travel _____

DATE								LINE TOTALS
FARE (AIR OR RAIL)								
BAGGAGE FEES								
TAXIS								
MILES								
@\$0.575								
TIPS								
PER DIEM								
LODGING								
ROOM TAX								
INTERNET ACCESS								
PARKING								
MISCELLANEOUS								

PAYMENT TO Total

IF TRAVEL WAS PLANNED IN CORRELATION WITH ANOTHER TRIP, PLEASE DESIGNATE DIVISION OF EXPENSES:
 IF ANY PART OF THE EXPENSES WERE REIMBURSED BY ANOTHER ORGANIZATION, PLEASE INDICATE ONLY THE ACOG SHARE OF EXPENSES IN THE VOUCHER STATEMENT ABOVE.

DATE _____ SIGNED _____

SECTION OR DISTRICT CHAIR OR TREASURER APPROVAL:

APPROVED _____ DATE _____ ACCT# _____

COST CENTER		PROGRAM		ACCOUNT	