



Michigan Association
United States Amateur Boxing, Inc.
Expense Voucher

Voucher # _____
Please print

Expense Incurred by: _____

Mailing Address: _____

Expenses Incurred:

Transportation	_____
Meals	_____
Lodging	_____
Equipment	_____
Clerical Supplies	_____
Postage	_____
Coach Stipend	_____
Athlete Stipend	_____
Other (list below)	_____

Total: \$ _____

Expenses Incurred by(signature) _____ Date: ____/____/____

Approved by (signature) _____ Date: ____/____/____

President/VP/COO

Date paid: ____/____/____ Check # _____ Amount: \$ _____

Paid by (signature) _____ Treasurer

Paid by (print)

Before returning form for reimbursement, be sure all areas of the form that apply are completed in full
Give brief explanation of reasons of expenses in the "other" listing if applicable. (use reverse side if necessary)
Attach receipts for all areas listed for reimbursement. Return Expense Voucher to:

Angela Johnson
COO Michigan LBC 19
coo_lbc19@usa.com
218.340.6634