



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