



All vouchers must be submitted within 60 days of purchasing by or billing to the chapter and must be accompanied by original invoices or receipts. Exceeding the 60 days requirement will result in the denial of payment making it the responsibility of the chapter and/or its officers

ASMP Expense Voucher

USE A SEPARATE VOUCHER FOR EACH CHECK TO BE ISSUED. TO AVOID DELAY OF THIS REIMBURSEMENT OR PAYMENT, FILL THIS FORM OUT THOROUGHLY. IF A FAX CONFIRMATION IS NOT RECEIVED WITHIN 7 DAYS, CONTACT THE ASMP NATIONAL OFFICE @ 215-451-2767.

DATE _____

NAME OF YOUR ASMP CHAPTER OR SPECIALTY GROUP _____

FAX NUMBER (WITH AREA CODE)
FOR VOUCHER CONFIRMATION _____

This voucher is for:
(circle one)

Reimbursement
Payable directly to the chapter for expense(s) that the chapter has already paid.

Direct Payment
Payable directly to provider that has rendered services or goods to the chapter.

PAYEE (NAME THAT APPEARS ON CHECK) _____

PAYEE'S DAYTIME PHONE# (WITH AREA CODE) _____

ADDRESS IF PAYEE (WHERE CHECK IS TO BE SENT) _____

CITY/STATE/ZIP _____

EXPENSE CATEGORIES: (USE CATEGORY LETTERS A-L)

- A. Courier.** Shipping/delivery charges, excluding U.S. Postal Service (Example: FedEx, UPS, local messengers, etc.)
- B. Equipment.** Any purchased or rented equipment (Example: slide projectors, screens, computers, tables/chairs, etc.)
- C. Facilities.** Space rentals (Example: meeting space, special event space, office space, etc.)
- D. Insurance.** Premiums and costs of riders, etc. for regular or temporary policies
- E. Meals.** Food and beverage costs (Example: board meetings, committee meetings, membership meetings, etc.)
- F. Office Supply.** Office goods (Example: letterhead, envelopes, labels, packaging, computer supplies, etc.)
- G. Postage.** Mailings sent by U.S. Postal Service
- H. Printing.** Costs related to printing newsletters, mailings, posters, etc. (Example: printing, separated film, proofs, etc.)
- I. Professional Services:** Fees paid to professional service providers (Example: speakers, attorneys, accountants, editors, designers, web site providers, etc.)
- J. Telephone.** Telephone related (Example: phone lines, authorized calls, etc.)
- K. Travel.** Any local or distance travel (Example: ground transportation, air transportation, lodging, etc.)
- L. Miscellaneous.** Any expense not covered in the above categories is considered miscellaneous.

CATEGORY A-L (SEE ABOVE)	DATE OF EXPENDITURE	DESCRIPTION OF THE REIMBURSABLE EXPENSE <i>*ALL ORIGINAL INVOICES, RECEIPTS OR BILLS MUST BE ATTACHED TO THIS FORM*</i>	\$ AMOUNT

REMEMBER TO: Attach all original invoices to this form. Photocopy all original documentation for your records.

\$ TOTAL AMOUNT OF THIS VOUCHER → _____

SIGNATURE OF THE ASMP
OFFICIAL SUBMITTING THIS VOUCHER

PRINTED NAME OF THE ASMP OFFICIAL

CHAPTER OR SPECIALTY GROUP OFFICE HELD

Submit completed voucher form and receipts to:

American Society of Media Photographers

www.asmp.org

By e-mail:

By post:

Phone: 215.451.2767

accounting@asmp.org

P.O. Box 31207

FAX: 215.451.0880

Bethesda, MD 20824