

**THE AMERICAN BOARD OF DERMATOLOGY, INC.**  
**REIMBURSEMENT VOUCHER**

Any person incurring expenses for which reimbursement is due from the American Board of Dermatology is requested to complete this form, attach original supporting receipts, and forward to the Board office: American Board of Dermatology, Henry Ford Health System, 1 Ford Place, Detroit, MI 48202-3450.

PAY TO: \_\_\_\_\_ DATE SUBMITTED: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

ACTIVITY: \_\_\_\_\_ (purpose) \_\_\_\_\_ (dates of travel)

**TRANSPORTATION:**

Airline (attach ticket stub) \$ \_\_\_\_\_

Automobile ( \_\_\_\_\_ miles @ 51¢/mile; or rental) \$ \_\_\_\_\_

Bus, limousine, or taxi \$ \_\_\_\_\_

Parking \$ \_\_\_\_\_

**HOTEL:** (attach receipted bill) \$ \_\_\_\_\_

**OTHER:** (on route meals not on hotel bill, tips, etc.) \$ \_\_\_\_\_

TOTAL EXPENSES \$ \_\_\_\_\_

SIGNATURE: \_\_\_\_\_