

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 @ 50¢/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: _____