



# EXPENSE VOUCHER

American Association of Neurological Surgeons  
 5550 Meadowbrook Drive, Rolling Meadows, Illinois 60008-3852  
 847-378-0500

Date \_\_\_\_\_  
 Name \_\_\_\_\_ S.S. or Tax I.D. # \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_  
 City, State and Zip \_\_\_\_\_  
 Office Phone \_\_\_\_\_  
 Meeting/Function Attended \_\_\_\_\_

Date						Total
Airfare						
Taxi-Limo						
Auto (Parking, Tolls, Mileage)						

Breakfast						
Lunch						
Dinner						

Housing						
Telephone						
Gratuities						
Other (attach itemized list by date)						
Total (by day)						

**GRAND TOTAL**

- Vouchers should be submitted within 30 days following a reimbursable expenditure.
- The Association does not pay a per diem. Expenses must be itemized.
- Air travel reimbursed at coach airfare rate. Rental car reimbursement not to exceed personal automobile rates.
- Supporting documents for all expenses should be attached, however, it is mandatory that receipts for expenses \$25 or greater be attached. Original receipts only- photocopies not acceptable.

Reimbursement is limited to actual expenses incurred for reasonably priced or AANS arranged housing; inter-city and ground transportation; other expenses, such as meals, and gratuities. Expenses for a spouse and personal needs are excluded from reimbursement.

Transportation includes regularly scheduled commercial coach airfare or equivalent, and necessary taxi or limo ground transportation. Transportation by personal automobile or rental car will be reimbursed at the current I.R.S. rate (i.e., YEAR 2003 RATE = 36 cents per mile).

Original receipts and supporting documents for each expense in excess of \$25 are required. Photocopies are not acceptable. If you accumulate reimbursed expenses in excess of \$600, which are not substantiated by original receipts during any given calendar year, the AANS will be required to file a Form 1099 with the Internal Revenue Service.

I hereby attest that the above expenses are valid and in accordance with AANS Policy. \_\_\_\_\_  
 Signature

FOR OFFICE USE: Approval _____ Date _____
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ALLOCATION /ACCOUNT CODES
_____
_____
_____

KEEP YELLOW COPY FOR YOUR FILES