

**SMITH COUNTY MEDICAL SOCIETY ALLIANCE
Expense Reimbursement Voucher
General Account**

Fiscal Year 2016-2017

DATE: _____

NAME: _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

PHONE: _____

COMMITTEE/PROJECT _____

PLEASE CHECK ONE:

REIMBURSEMENT **CHARGE** **DONATION**

PLEASE ATTACH RECEIPTS TO THIS FORM

ITEM	PLACE OF PURCHASE	AMOUNT

RETURN FORM TO:

**Rhonda Reuter
1025 Arlington Ave.
Tyler, TX 75701**

TOTAL: _____

Check #: _____

Amount: _____

Date: _____

www.scmsalliance.com

www.facebook.com/SmithCountyMedicalSocietyAlliance