

Illinois Speech-Language-Hearing Association

230 E. Ohio Street, Suite 400, Chicago, IL 60611-3265
Phone: 312-644-0828, Fax: 312-644-8557, Voice and TT/TDD

Reimbursement Form

(Name) _____

(Street) _____

(City/State Zip) _____

For Office Use Only	
Date Rec'd.	_____
Charge To: 455/	_____
Auth.	_____
Date Disb.	_____

Committee to be Charged: _____

Vice Presidency to be Charged: _____

List Appropriate Code and Category (must use a separate form for each category)

Category: _____ Code: _____

Please provide a specific breakdown of expenses within the category, i.e., meeting place, reason for meeting, type of transportation, explanation for any special projects and/or miscellaneous. Mileage amount TBD.

Date Expenses Incurred _____ Total Amount of Reimbursement Requested _____

Approved _____ (Committee Chairperson) _____ (Date) _____ (Vice President) _____ (Date)

Note: Approval for any reimbursement must be secured before payment will be made. Send all receipts with this form (attached to back of form) to the committee chairperson, who will then forward to the appropriate vice president for final approval. Forms will then be mailed to the ISHA office in Chicago for a check to be drawn. Checks are cut on/around the 15th of each month.

Categories/Codes:	HO (Hotel)	.30	CO (copying)	.65
	FO (Food)	.33	SU (supplies)	.66
	TR (travel)	.60	PR (printing)	.67
	PO (postage)	.62	Fax	.69
	TE (telephone)	.64	MI (misc.)	.99



Professionals Serving People with Communication Disorders