



Instructions

1. Submit separate vouchers for Board Expenses and Committee Expenses
2. Committee Chairman must sign vouchers submitted by Committee members for payment.
3. President must sign vouchers submitted by Committee Chairman and Board Members for payment obtained. Attach receipts for all items.

Submit vouchers for Expenses to APIC-NC Treasurer John Kees

Email: jkees@novanthealth.org OR mail to 602 Kingston Way Fort Mill, SC 29715

Attach receipts for all items.

Submitted by _____ Date _____

Make check payable to: (name) _____
(address) _____
(city/state/zip) _____

Food _____
Hotel _____
Other Expense _____
Other Expense _____

Other (describe) 1 _____
2 _____
3 _____

Travel: Enter Total from Attached Travel Receipts
Mileage = _____ Travel Expenses _____
IRS 2025 Rate = \$0.70/mile Total Expenses _____
Advance Payment _____
Total Balance Due _____

Check applicable box ☐ Speaker's Fee _____
☐ Speaker's Expenses _____
Note: please insert SS# _____

Approved By: _____

Revised April 2025

Treasurer Use Only	
Check # _____	
Issued By: _____	Amount \$ _____
Balance Due \$ _____	