

REIMBURSEMENT FORM

Wisconsin Dietetic Association, Inc.
 1411 West Montgomery Street
 Sparta, WI 54656-1003

608-269-0042
 1-888-232-8631
 FAX=608-269-0043
wda@centurytel.net
www.eatrightwisc.org

Date(mm/dd/yyyy): _____

1. ATTACH ALL RECEIPTS

2. Payable to: _____ Telephone No. (____) _____

Address: _____

Street

City

State

Zip

3. Submitted by: _____ Office/Comm _____

4. Purpose: (Give detailed itemized explanation for expenses, i.e. date, place, person, etc.)

5. Expense Itemization:	Amount	Budget Amount	6. Budget Category:
Check only one			
Advertising	_____	_____	___ Annual Conference
Airfare	_____	_____	___ Board of Directors
Awards/Grants/Gifts	_____	_____	___ CPI/Allied Health
Conference Expense	_____	_____	___ Delegates
Copying	_____	_____	___ General Administration
Donation/Contribution	_____	_____	___ Operating
Dues/Subscriptions	_____	_____	___ Public Policy
Exhibit	_____	_____	___ Licensure
FAX	_____	_____	
Ground travel	_____	_____	
Honoraria	_____	_____	
Hotel/Motel	_____	_____	
Insurance	_____	_____	
Meals	_____	_____	
Meeting Charges	_____	_____	
Mileage (# _____)	_____	_____	
Outside Services	_____	_____	
Postage	_____	_____	
Printing	_____	_____	
Registration fees	_____	_____	
Resource Materials	_____	_____	
Supplies	_____	_____	
Telephone	_____	_____	
Other _____	_____	_____	

TOTAL EXPENSE \$

FOR OFFICE ONLY:

Date of check _____

Online check YES NO

Check Number _____ or N/A

Billing Month _____

Date cleared bank _____

REPORT DUE WITH THIS FORM?

Yes No If Yes-indicate when sent?

Past-President Approved _____

WDA REIMBURSEMENT GUIDELINES

1. Send claims with all **original** receipts to the Executive Coordinator for approval **within two weeks of expenditure**. Reports where applicable, must be submitted at the same time of the reimbursement form for the check to be processed. Questions can be directed to the Executive Coordinator (888-232-8631).
2. Submit a separate reimbursement form for each budget category utilized.
3. Please provide specific information in section 4 of the reimbursement form to insure that claims are allocated to the appropriate budget category.
4. The reimbursement process will take 2-3 weeks unless special arrangements are made.
5. The WDA fiscal year begins June 1st and ends on May 31st. Please submit all bills promptly so that accurate financial records can be maintained and accounts closed in a timely manner.
6. Claims for payments must be budgeted or have advance approval by the Board of Directors.
7. Advances of money are discouraged and require special approval by the Board of Directors.
8. Mileage will be reimbursed for meeting attendance at \$ 0.40 per mile. Minimum of 40 miles (round trip) is required for reimbursement. Please account accurately for your mileage. If mileage differs from map mileage, a written explanation must be included with the reimbursement form.
9. Maximum per diem reimbursement with receipts= \$40/day.
10. Reimbursement forms are available on the website at www.eatrightwisc.org in the Member's Only Section under the Policy and Procedure manual section - Forms.
11. Please use Adobe Reader 8.0 or greater to complete and save this form. To update your copy, go to Adobe site. <http://www.adobe.com/products/acrobat/readstep2.html>

April 02, 2008