

See reverse side for instructions.

# KHIMA EXPENSE/ADVANCE STATEMENT

Submit within one week after incurred expense(s).

Name \_\_\_\_\_

Reason for Expense/Advance \_\_\_\_\_

Mailing Address \_\_\_\_\_

Date(s) of Event \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Date Submitted \_\_\_\_\_

**COST CENTER TO BE CHARGED** (If more than one cost center applies, use a separate form for each cost center):

- |                                  |                                  |
|----------------------------------|----------------------------------|
| _____ C100 Board of Directors    | _____ C280 Education Committee   |
| _____ C210 Consulting Liaison    | _____ C281 Spring Meeting        |
| _____ C220 Bylaws Committee      | _____ C282 Fall Meeting          |
| _____ C230 Public Relations Com. | _____ C283 Workshops             |
| _____ C240 Finance Committee     | _____ C291 Coding Liaison        |
| _____ C250 Nominating Committee  | _____ C292 Scholarship Committee |
| _____ C260 Publications Com.     | _____ C293 Credentials Committee |
| _____ C270 Legislative Aif. Com. | _____ C300 Delegate              |
|                                  | _____ C320 SEHIMA                |

**EXPENSES:**

- |                                            |                             |
|--------------------------------------------|-----------------------------|
| _____ E100 Professional Fees               | _____ E300 Telephone        |
| _____ 110 Bank Fees                        | _____ E400 Printing/Repro.  |
| _____ 120 Honoraria/<br>Speaker Fees       | _____ E500 Postage          |
| _____ 190 Other                            | _____ E600 Supplies         |
| _____ E200 Travel/Meetings                 | _____ E700 Rental           |
| _____ 210 Air Fare                         | _____ 710 Meeting Room      |
| _____ 220 Ground Transport. <sup>348</sup> | _____ 720 Equipment         |
| Auto _____ miles @ \$-28/mile              | _____ 790 Other             |
| _____ Parking \$ Tolls                     | _____ E800 Refunds          |
| _____ Taxi, train, bus                     | _____ E900 Other            |
| _____ 230 Lodging                          | _____ 910 Gifts/Donations   |
| _____ 240 Meals                            | _____ 915 Scholarships      |
| _____ 250 Catering                         | _____ 920 Registration Fees |
| _____ 290 Other                            | _____ 930 Advertising       |
|                                            | _____ 990 Other             |
|                                            | _____ 995 Cost of Sales     |

**REQUEST FOR ADVANCE**

Amount \$ \_\_\_\_\_ Date Needed \_\_\_\_\_

Approved by \_\_\_\_\_

Office Held \_\_\_\_\_

**RECAP** (To be completed by individual incurring expense.)

- Expenses
- a. Total Expenses \$ \_\_\_\_\_
  - b. Disallowed Personal Expenses \$ \_\_\_\_\_
  - c. Balance Payable by KHIMA (1a - 1b) \$ \_\_\_\_\_
  - d. Cash Advances Received from KHIMA \$ \_\_\_\_\_

Amount Due

- e. Amount Owed You by KHIMA (c - d) \$ \_\_\_\_\_
- f. Amount Owed by You to KHIMA (d - c) \$ \_\_\_\_\_

I hereby certify that all expenses claimed above were incurred on official KHIMA business.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Approved \_\_\_\_\_ Date \_\_\_\_\_

Office Held \_\_\_\_\_

**TO BE COMPLETED BY TREASURER**

ADVANCES: Check No. \_\_\_\_\_ Cost Center Number \_\_\_\_\_ Amount \_\_\_\_\_

Date \_\_\_\_\_ Amount \_\_\_\_\_

EXPENSES: Expense Number \_\_\_\_\_

Check No. \_\_\_\_\_

Date \_\_\_\_\_

Amount \$ \_\_\_\_\_