

**KENTUCKY HEALTH INFORMATION MANAGEMENT ASSOCIATION
EXPENSE STATEMENT**

REMIT TO: 	EXPENSE TYPE: <table style="width:100%; border-collapse: collapse;"> <tr><td style="width:50%; border: 1px solid black; height: 15px;"></td><td>Administrative Expense</td><td>date: _____</td></tr> <tr><td style="border: 1px solid black; height: 15px;"></td><td>Education Committee</td><td>date: _____</td></tr> <tr><td style="border: 1px solid black; height: 15px;"></td><td>Committee Expense *</td><td>date: _____</td></tr> <tr><td style="border: 1px solid black; height: 15px;"></td><td>Delegate Expense</td><td>date: _____</td></tr> <tr><td style="border: 1px solid black; height: 15px;"></td><td>Executive Board Meeting</td><td>date: _____</td></tr> <tr><td style="border: 1px solid black; height: 15px;"></td><td>Coding Roundtable</td><td>date: _____</td></tr> <tr><td style="border: 1px solid black; height: 15px;"></td><td>Other</td><td>date: _____</td></tr> </table>		Administrative Expense	date: _____		Education Committee	date: _____		Committee Expense *	date: _____		Delegate Expense	date: _____		Executive Board Meeting	date: _____		Coding Roundtable	date: _____		Other	date: _____
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	Coding Roundtable	date: _____																				
	Other	date: _____																				

* Committee:

ACCOUNT CATEGORY:	AMOUNT
Air Fare	_____
Food	_____
Lodging	_____
Mileage	_____
Miles at 0.555 per mile	_____ 0.00
Postage	_____
Printing	_____
Phone	_____
Speaker Honorarium	_____
Other (please specify)	_____
_____	_____
_____	_____
TOTAL AMOUNT	\$0.00
Less Advance	_____
BALANCE DUE	\$0.00

APPROVALS:

Member: _____ Date: _____

Committee Chairman: _____ Date: _____

President: _____ Date: _____

FOR TREASURER'S USE ONLY:

Paid Date:

Check Number:

Receipt(s) must accompany expense payment prior to reimbursement.