

# LOUISIANA HEALTH INFORMATION MANAGEMENT ASSOCIATION 2009-2010 EXPENSE VOUCHER

CHECK

PAYABLE TO: \_\_\_\_\_ DATE: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_ ACTIVITY/PURPOSE: \_\_\_\_\_  
 \_\_\_\_\_ SUBMITTED BY: \_\_\_\_\_

CASH ADVANCE: \$ \_\_\_\_\_ DATE NEEDED: \_\_\_\_\_

### COST CENTER (CHECK ONE)

- |  |  |
|--|--|
| <input type="checkbox"/> C102 State Convention<br><input type="checkbox"/> C103 Coding Roundtable<br><input type="checkbox"/> C105 E-HIM<br><input type="checkbox"/> C106 CEC<br><input type="checkbox"/> C200 Interval Note/Alert<br><input type="checkbox"/> C201 Membership<br><input type="checkbox"/> C205 Summer Team Talks Leadership Conference<br><input type="checkbox"/> C206 Delegate<br><input type="checkbox"/> C207 Winter Team Talks/Hill Day<br><input type="checkbox"/> C208 Vendor Relations<br><input type="checkbox"/> C209 AHIMA Silent Auction<br><br><input type="checkbox"/> C300 Recruitment<br><input type="checkbox"/> C301 Advocacy<br><input type="checkbox"/> C303 Recognition and Awards<br><input type="checkbox"/> C304 Internet Home Page | <input type="checkbox"/> C400 Legislative Regulatory<br><input type="checkbox"/> C500 Election<br><input type="checkbox"/> C501 LHIMA Bylaws<br><input type="checkbox"/> C502 Strategic Planning<br><input type="checkbox"/> C600 Scholarship<br><input type="checkbox"/> C601 Support of Schools<br><br><input type="checkbox"/> C900 Board of Directors<br><input type="checkbox"/> C901 C-vent<br><input type="checkbox"/> C902 CPA<br><input type="checkbox"/> C903 Other: _____ |
|--|--|

### EXPENSE CODE (CHECK ONE)

**PROFESSIONAL FEES:**

- E110 Bank Fees  
 E120 Honoraria Fees  
 E190 Other Professional Fees

**TRAVEL/MEETING:**

- E210 Air Fare  
 E220 Ground Transportation  
 Auto: \_\_\_\_\_ miles @ \$.50  
 Parking \_\_\_\_\_  
 Taxi, Train, Bus \_\_\_\_\_  
 E230 Lodging  
 E240 Meals  
 E250 Catering  
 E260 Registration Fees  
 E290 Other: \_\_\_\_\_

**REPRODUCTION:**

- E410 Printing Fees  
 E420 Photocopies  
 E490 Other (EDP Labels)  
 E500 Postage  
 E600 Supplies

**RENTAL:**

- E710 Meeting Rooms  
 E720 Equipment  
 E790 Other: \_\_\_\_\_

**OTHER EXPENSES:**

- E910 Gifts/Donations  
 E920 Insurance/Bonding  
 E990 Other: \_\_\_\_\_

Total Expenses: \$ \_\_\_\_\_  
 Minus Cash Advance: \$ \_\_\_\_\_  
 Amount Owed to You: \$ \_\_\_\_\_  
 Amount Owed by You: \$ \_\_\_\_\_

**Mail To:** Rebecca Gaspard, MHA, RHIA, CCS  
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[rebeccagaspard@hotmail.com](mailto:rebeccagaspard@hotmail.com)

Submitted By (Signature) \_\_\_\_\_

DATE \_\_\_\_\_

Date Received by Treasurer: \_\_\_\_\_ Check No. \_\_\_\_\_ Posted: \_\_\_\_\_

**LOUISIANA HEALTH INFORMATION MANAGEMENT ASSOCIATION  
2009-2010 EXPENSE VOUCHER**

\_\_\_\_\_  
Submitted By (Signature)

\_\_\_\_\_  
DATE

Date Received by Treasurer: \_\_\_\_\_

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

Posted: \_\_\_\_\_