

# ADMI, Inc. Voucher Form

Date:

Pay to (name and institution):

Mailing Address:

Signature: \_\_\_\_\_

Event Supported:

Note that this voucher form may be used for reimbursement for ADMI Symposium items, board meetings, or similar events. Please attach all receipts.

Item(s) Purchased:

\$

\$

\$

\$

\$

\$

\$

\$

\$

Total Received: \$

Check #:  Date:  Amount: \$