



2024 Reimbursement Voucher

303 Cleveland Avenue SE
Tumwater, WA 98501
P: 360-352-3304
www.whca.org

Washington Health Care Association commits to educational excellence on behalf of our members and their residents. We aim to become the national gold standard for health care advocacy and professional development, which depends on partnership with speakers and sponsors. We appreciate your continued support and dedication to Long-Term Care!

You must submit reimbursement voucher form and receipts for all expense reimbursements within 30 days of event

Name _____ Organization _____

Mailing Address for reimbursement _____

Phone _____ Email _____

To control costs, we ask that you abide by the maximum expenditure allowances as listed on your Speaker Agreement.

Expenditure	Budgeted Cost from Speaker Agreement	Actual Cost with receipts
Speaker Fee	_____	_____
Airfare	_____	_____
Local Travel	_____	_____
Accommodations	_____	_____
Total Reimbursement Requested		_____

Reimbursement Vouchers must be signed and returned within thirty days of event. Electronic copies can be emailed to lindseyw@whca.org or printed documents can be mailed to 303 Cleveland Ave SE Suite 102, Tumwater, WA 98501.

Speaker Name, Title, & Organization

Elena Madrid
EVP of Education & Regulatory Affairs, WHCA

Signature & Date

Signature & Date