Iowa Physical Therapy Association
8355 University Blvd Suite K
Clive, IA 50325-1162
515/222-9838 • Fax 515/222-9839
800/925-3064

INCOME/EXPENSE VOUCHER

To claim reimbursement, complete this form and send it with your receipts to IPTA at the above address. When requesting reimbursement for mileage, do not compute the total amount. The total amount will be computed by IPTA based on the maximum allowable by the IRS. It is board policy to reimburse mileage for members at one-half the allowable amount. Claims for travel reimbursement must be submitted within 30 days of completion of travel.

Name:	
Address:	
Phone:	

Purpose:	
From:	
To:	

Round Trip? ☐ YES ☐ NO

DATE	DESCRIPTION	TRANS	LODGING	MEALS	OTHER	TOTAL
TOTALS						

☐ **See remarks on other side.**

- **Social Security Number is needed only for claims in excess of $600.**

Signature:	
SSN:	**Date:**