

LMSA Midwest Reimbursement Form – Individual Member/Delegate (INSTRUCTIONS)

Thank you for submitting a reimbursement request to LMSA Midwest. In order to process your request as soon as possible, please adhere to the following instructions. The Individual Member Reimbursement Form contains FOUR (5) sections, all of which must be filled out in order to process the reimbursement request. These Instructions also summarize the process of submitting this request, along with all supporting documentation.

I. Applicant Information:

- a. Full Name: Please provide your full legal name as it appears on your primary form of identification.
- b. Permanent Address: Please provide your full address (Street Number & Name, City/Town, State, and ZIP Code)
- c. Email Address: Please provide your primary email address, in case the Board must contact you regarding your request.
- d. Home Institution & Year: Please provide the name of the medical (or other) institution in which you are currently enrolled, as well as your year in school/training.
- e. Purpose of Expense(s): Please provide a brief description of the reason(s) why the reported expenses were incurred on behalf of LMSA Midwest.

II. Itemized List of Expenses:

- a. For each expenses, please list:
 - i. The date the expense took place;
 - ii. The category, based on the codes listed above the Expenses Table;
 - iii. A brief description of the nature of the expense;
 - iv. The name of the merchant or vendor to whom the expense was paid; and
 - v. The monetary amount of the expense, in U.S. dollars.
- b. Please use the Additional Notes section to elaborate on any or all of the expenses reported on this Form, particularly for expenses listed under Category 4: Other.

III. Preferred Reimbursement Method:

- a. LMSA Midwest can reimburse its Individual Members using a physical check, either delivered in person or mailed to the Permanent Address listed by the Applicant in Section I), or using a method of electronic funds transfer, such as Zelle®.
 - i. Applicants wishing to receive funds electronically using Zelle® must provide the phone number associated with their banking account.
 - ii. It is the Applicant's responsibility to ensure that s/he has the ability to receive funds electronically using Zelle®.
 - iii. LMSA Midwest assumes no responsibility for, and shall not be held liable on account of, lost funds associated with use of Zelle® or another electronic funds transfer service.

IV. Affirmation Statement & Signature:

- a. A signature on a reimbursement request constitutes finalization of such request. Signed requests cannot be amended in any way without express written consent of the Applicant.
- b. **At minimum, all requests must be accompanied by photocopies or scans of itemized receipts corresponding to each expense listed on the request.**
- c. Submitting statements documenting each expense will expedite the reimbursement process. When submitting statements, you may black out all purchases not pertinent to the reimbursement. Statements only need to reflect the expense, the last FOUR (4) digits of the credit card on the receipt, your name, and your address.
- d. **Items purchased with cash will NOT be reimbursed without advanced approval prior to expenditure.**
- e. Please submit all supporting documentation as ONE (1) joint file, preferably as an electronic PDF copy, and preferably in the same file as the reimbursement request, to the LMSA Midwest CFO at cfo.midwest@lmsa.net.
- f. Please direct all questions, comments, or concerns to the LMSA Midwest CFO or Co-Directors.