

Washington Federation of State Employees, Local 443

P.O. Box 105
Olympia, WA 98507-0105
360-754-8437

Name:		Month/Year
Address:		
City, State and Zip Code:		
Phone:		

Request Date	
Request Amount	
Budget (identify by name)	

Description:

Note: Meeting expnses must include agenda and sign in sheet

If payment for other than name and address above:

Name:	
Address:	
City, State, Zip:	
Phone:	
E-Mail:	

Comments:

I Hereby certify under penalty of perjury that this is a true and correct claim for necessary expenses incurred by me and that no payment has been received by me on account thereof.

Signed:

Member Requesting/Recipient

Date

Approval:

Authorizing Officer (President, Vice President or Chair)

Date

This section for Treasurer's Use

<input type="checkbox"/>	By Membership Motion:	_____
<input type="checkbox"/>	By E-Board Motion:	_____
<input type="checkbox"/>	Local 443 Operating Budget:	_____
<input type="checkbox"/>	Other	_____
<input type="checkbox"/>	Treasurer's Initials	_____

	Date Paid:	_____
	Check Number:	_____
<input type="checkbox"/>	Handed to Receptient:	_____
<input type="checkbox"/>	Delivered to :	_____
<input type="checkbox"/>	Mailed:	_____