Washington Federation of State Employees, Local 443
PO Box 105 , Olympia, WA 98507-0105

Travel Expense Voucher, Request for Payment

Name	Month / Year
Address	
City, State, Zip	
Phone ( )	

Explain event/sponsor, date(s) location and purpose

To be reimbursed you must complete this form completely and submit receipts

Meals:

Date	Breakfast	Lunch	Dinner	Comments	Totals
Totals:					

Transportation current rate is $ 0.51 per mile

Date	From	To	Parking, misc	Miles	subtotal
Totals					

Other Expenses

Date	Explanation, comments	Amount
Totals		

Less advance

I hereby certify under penalty of perjury that this is a true and correct claim for necessary expenses incurred be me.

Total expenses

Signed _____ Approved _____
Requesting Member Authorizing Officer (Pres, 1st VP or Chair)

Date _____ Date _____

For Treasurer's use only

Date paid	
Check Number	

☐ By Motion of Membership
☐ By Motion of Executive Board
☐ Local 443 Operating Budget
☐ Other _____

☐ Mailed
☐ Handed to Recipient
☐ Delivered to: _____