

MONTH: _____



310 SW 16th St • Chehalis, WA 98532

NON - EMPLOYEE TRAVEL EXPENSE VOUCHER

NAME: _____

Address: _____

Phone #: _____ Building: _____

ALL ORIGINAL, ITEMIZED RECEIPTS MUST BE INDIVIDUALLY TAPED (NOT STAPLED) TO A SEPARATE SHEET* ATTACHED TO THIS FORM
****add sheets as necessary***

	AMOUNT
MEALS: (ORIGINAL, ITEMIZED RECEIPTS REQUIRED) <i>Minimal reimbursement will be applied if ORIGINAL, ITEMIZED receipt NOT included: Breakfast \$8; Lunch: \$10; Dinner \$18.</i>	\$
HOTEL	\$
MILEAGE: # of miles _____ @ \$0._____/per mile	\$
OTHER TRANSPORTATION	\$
<i>Business Purpose:</i>	
TOTAL=	\$

I, the undersigned, do hereby certify under penalty of perjury that the materials furnished, services rendered or expense incurred is a true and correct expense; that the claim is just and due; and that I am authorized to purchase the items listed above.

Signature: _____ date: _____

Administrator approved signature: _____ date: _____

<i>Office Use ONLY</i> ACCOUNT CODE	<i>Office Use ONLY</i> AMOUNT
TOTAL=	

=TOTALS MUST MATCH

DATE	MEALS (ORIGINAL, ITEMIZED RECEIPTS REQUIRED)			Hotel Room	MILES	DESTINATION	PURPOSE FOR TRIP
	BREAKFAST	LUNCH	DINNER				
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							
21							
22							
23							
24							
25							
26							
27							
28							
29							
30							
31							
TOTAL	\$	\$	\$	\$			

Other Transportation			
DATE	FROM - TO	MODE of Transportation	AMOUNT
TOTAL			\$