

WASHINGTON LIBRARY ASSOCIATION

EXPENSE VOUCHER

Date: _____

WLA Office, Committee, or Interest Group Name: _____

Payee: _____

Mailing Address: _____
(Street or PO Box)

(City) _____ (Zip + 4) _____

Telephone: () _____

E-mail Address: _____

Expenses:

Total Mileage: _____ @ .505 cents per mile \$ _____

Public Transportation (air, train, bus) \$ _____

Dues or Registration \$ _____

Honoraria \$ _____

Other (identify) _____ \$ _____

TOTAL \$ _____

I CERTIFY THE ABOVE CLAIM IS CORRECT AND JUST.

Submitted by: _____

Signature: _____
(Date)

Approved by: WLA President, Board Officer, Committee Chair or Interest Group Chair		
_____	_____	_____
(Signature)	(Date)	(Telephone)
Budget Category to Charge Expenses (Interest Group, Specific Committee, Workshop, etc.)		

Purpose of Meeting, Workshop, or Expense: _____		

Comments: _____

Please attach original receipts and forward to: <i>All claims must be submitted within 30 days</i>	Priscilla Ice, WLA TREASURER
e-mail: treasurer@sclد.org	Spokane Valley Library/SCLD 12004 E Main
Fax: 509-893-8478	Spokane WA 99206 Phone: 509-893-8451