

# WLA TRAVEL GRANT EXPENSE and EVALUATION FORM

Grant recipient: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

(Street or PO Box)

\_\_\_\_\_  
(City)

\_\_\_\_\_  
(State)

\_\_\_\_\_  
(Zip + 4)

Telephone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**Travel expenses:**

Primary transportation (air, train, bus)                   \$ \_\_\_\_\_

Secondary transportation (shuttle, taxi)                   \$ \_\_\_\_\_

Personal automobile (\$.585 per mile)                   \$ \_\_\_\_\_

Other (identify) \_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_

**TOTAL \$ \_\_\_\_\_**

***I CERTIFY THE ABOVE CLAIM IS CORRECT AND DOES NOT EXCEED THE AMOUNT APPROVED.***

**Submitted by:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

(Date)

**Please attach original receipts and mail to:**

**Mary Ross, WLA CE Coordinator  
P.O. Box 412  
Edmonds, WA 98020**

**Approved by: WLA CE Coordinator or designee**

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Telephone)

**Travel Grant number:** \_\_\_\_\_

**Please attach a separate sheet evaluating the professional development event or activity that you participated in and address the following:**

- **What was the most valuable part of this experience?**
- **Would you recommend this event or activity for other WLA members? Why or why not?**
- **How will you use your experience at this event or activity to benefit the WLA membership?**