

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: _____ @.51 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 or Executive Director

(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:

All claims must be submitted within 30 days

e-mail: Dana@wla.org

Fax: 425-771-9588

Dana Murphy-Love, Executive Director

Washington Library Association

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