

MONTH: _____



310 SW 16th St • Chehalis, WA 98532

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	\$
Business Purpose:	
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.

I understand that my reimbursement will be deposited into the bank account on file for payroll. If alternate account is preferred, complete and attach ACCOUNTS PAYABLE DEPOSIT FORM. Future reimbursements will be deposited into the account listed on this form.

Signature: _____ date: _____

Administrator approved signature: _____ date: _____

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

=TOTALS MUST MATCH

I prefer to have my reimbursement deposited to an alternate account. A/P Deposit Form attached. _____ (Initials)

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			\$