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: Minimal reimbursement will be applied if ORIG	\$			
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:______ date:_____

Office Use ONLY ACCOUNT CODE	Office Use ONLY AMOUNT
TOTAL=	

=TOTALS MUST MATCH

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

Original to Accounts Payable

** MUST PRINT DUPLEX ON BLUE**

(Initials) Rev:9/28/2018 JM

DATE	(ORIGINAL, ITEMI	MEALS	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							
	\$	\$	\$	\$			

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