

MONTH: \_\_\_\_\_



310 SW 16<sup>th</sup> St • Chehalis, WA 98532

**NON - 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*

	<b>AMOUNT</b>
MEALS: <b>(ORIGINAL, ITEMIZED RECEIPTS REQUIRED)</b> <small>Minimal reimbursement will be applied if ORIGINAL, ITEMIZED receipt NOT included: Breakfast \$8; Lunch: \$10; Dinner \$18.</small>	\$
HOTEL	\$
MILEAGE: # of miles _____ @ \$0.575 /per mile	\$
OTHER TRANSPORTATION	\$
<b>Business Purpose:</b>	
<b>TOTAL=</b>	<b>\$</b>

*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.*

Signature: \_\_\_\_\_ date: \_\_\_\_\_

Administrator approved signature: \_\_\_\_\_ date: \_\_\_\_\_

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

**=TOTALS MUST MATCH**

\_\_\_\_\_

Original to Accounts Payable

**\*\* MUST PRINT DUPLEX ON BLUE\*\***

Rev:9/28/2018 JM

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							
<b>TOTAL</b>	\$	\$	\$	\$			

Other Transportation			
DATE	FROM - TO	MODE of Transportation	AMOUNT
<b>TOTAL</b>			\$