

**Wenatchee Education Association
Expense Voucher**

(Please see the back of this sheet for directions and allowable amounts.)

Name of Person Submitting Voucher: _____

Date Voucher Submitted: _____ *(Submit to WenEA Pres. Or Treas.)*

If this claim is for travel,

Please list the meeting or conference here: _____

Date of Expense	Item or Explanation	Amount

Total Amount of Expenses: _____

Amount, if any, paid to claimant in advance: _____

If expenses were less than advance payment, refund due WenEA: _____

(Please submit any refund due with this voucher.)

Claimant's Signature: _____

Claimant: Do not complete below this point.

Payment Authorized By (signature): _____

Payment Made By: _____

Date of Payment: _____ Check #: _____

Budget Line Item #: _____

Directions

Please list all meals for same day on one line and show the total for that day under amount (Feel free to abbreviate). Please use one line for each day you are to be reimbursed for meals.

Sample:	9/5/11		Br., lu., din.		\$50
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(See below for maximum amounts.)

For airfare, hotel or motel costs, or purchased items, please itemize: list the amounts expended and attach receipts to the voucher. All items on a single receipt may be listed on a single line with a brief explanation.

Travel Reimbursement Amounts:

Mileage Rate: \$0.54 per mile
Receipts are not required for mileage.

Daily Meal Rate (maximum allowable), **in state:**

Breakfast: \$17.00
Lunch: \$20.00
Dinner: \$31.00

The above amounts include taxes and gratuities.

Maximums may be exceeded for individual meals if the meal is part of an event scheduled with the meeting or conference member attended.