

WSSMA TRAVEL EXPENSE VOUCHER

Name: _____

Date: _____

Address _____

Note: List only reimbursable expenses.
Attach receipts and submit within 21 days.

City/State/Zip: _____

Committee/Position charged with expense: _____

Dates of Travel	Date:	Day:							SUBTOTAL	Voucher #
Baggage Expense									\$	
Garage/Parking									\$	
Hotel/Motel									\$	
Mileage \$0.50 per mile									\$	
Registration									\$	
Taxi/Bus/Shuttle									\$	
Tips									\$	
Tolls									\$	
Travel Plane/Rail fares									\$	
Breakfast									\$	
Lunch									\$	
Dinner									\$	
Per Diem/Meals Delegates Only									\$	
Misc/Specify (detail required)									\$	
TOTAL									\$	

Voucher #	Advance Amount
	\$
	\$
	\$

Total Expenses:	\$
Total Advances:	\$
Amount Owed WSSMA	\$
Expenses to be Reimbursed	\$

Signature: _____

