



ITEMIZED EXPENSE VOUCHER

Name: _____ Date: _____

Address: _____

Phone: (_____) _____

OFFICE/COMMITTEE: _____

PURPOSE (Type of Meeting): _____

MILEAGE: From _____ To _____

MILEAGE @ \$.25/miles ROUND TRIP _____ MILES \$ _____

HOTEL Expenses: # of nights _____ up to \$50.00/each \$ _____

EXPENSES (RECEIPTS MUST BE ATTACHED):

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

TOTAL \$ _____

Signature: _____

COMPLETE AND RETURN TO DEPARTMENT SECRETARY
PO BOX 5867 LACEY, WA 98509-5867