North Central WEA UniServ Council

Please submit this form to:
North Central WEA UniServ
93 Eastmont, Suite 150
East Wenatchee, WA 98802

Voucher Number: _____
(Accounting Use Only)

☐ **Check if new Address**

Member Expense Voucher

Name _____
Address _____
City _____ **Zip:**

Date	Name of Meeting (s) and Location	Public Trans. 5506	Lodging 5507	Meals 5508	Taxable Meals 5509	Mileage ◆ 5510	Parking/Misc. Expense 5512	Internet Fees ◆ 5602	Child Care ◆5833	TOTAL
				B		Miles	Acct #			
				L		Rate: $0.560				
				D		Amt	Amt			
				B		Miles	Acct #			
				L		Rate: $0.560				
				D		Amt	Amt			
				B		Miles				
				L		Rate: $0.560				
				D		Amt	Amt			
				B		Miles	Acct #			
				L		Rate: $0.560				
				D		Amt	Amt			
				B		Miles	Acct #			
				L		Rate: $0.560				
				D		Amt	Amt			
				B		Miles	Acct #			
				L		Rate: $0.560				
				D		Amt	Amt			
				B		Miles	Acct #			
				L		Rate: $0.560				
				D		Amt	Amt			
Page Total										

◆
◆
◆
◆

Total above must match the total below

Check Stub Description

☐ **This voucher covers all expenses from _____ to _____**

☐ **This voucher covers a specific conference/event/activity (please specify):**

_____
Event, Location and Date

☐ **Other:**_____

Receipts attached for: ☐ Meals ☐ Parking ☐ Travel ☐ Hotel ☐ Internet ☐ Misc.

Coding Block

Account	Cost Center (2-alpha+2-numeric)	SID (Staff ID) (3 numbers)	Amount
		TOTAL	

IMPORTANT:
1. Please attach original receipts only - copies will not be accepted.
2. Please sign voucher as payment can not be authorized without it.

_____ _____
Date

_____ _____
Date