

Board of Directors

President: Bud Bannon
Vice Pres.: Breann Booher
Secretary: Renee Romo
Treasurer: Heather Matsuda
Student Leadership: Jake Howell
Executive Director: Larry Howe



MAILING ADDRESS:
WCTSMA
630 VALLEY MALL PKWY #161
EAST WENATCHEE, WA 98802
www.wctsma.com

TRAVEL EXPENSE VOUCHER

PAY TO: _____

ADDRESS: _____

For traveling and incidental expense incurred during the month of _____ Year of _____

AS SHOWN IN DETAIL ON THE BACK OF THIS VOUCHER.

MEALS: TOTAL \$ _____

LODGING: TOTAL \$ _____

_____ MILES AT \$0.655 PER MILE: TOTAL \$ _____

OTHER TRANSPORTATION: TOTAL \$ _____

MISCELLANEOUS EXPENSES: TOTAL \$ _____

REIMBURSABLE TOTAL \$ _____

Payment will not be made until the following has been signed. This form must be mailed within 30 days of completion of travel for the month in which it is being claimed.

I, the undersigned, do certify under penalty of perjury, that the material furnished, service rendered, expense incurred, or other item of indebtedness as charged in the foregoing bill is a true and correct charge against the WCTSMA; that the claim is just and due; that no part of same has been paid.

Claimant signature _____

List the WCTSMA BOD member who approved travel _____

Expense Paid: _____
WCTSMA Treasurer

Date

Month _____

Year

2023

Reimbursement will be at per diem rate for your travel location. (www.gsa.gov)

Date (M&IE)	Time left/ returned	From	To	Mileage	Lodging	Reason for Travel
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						

Other travel expenditures. Parking, Taxi fare, Bridge, Ferry, etc. **Receipts must be attached.**

Date	From	To	Via	Cost	Reason for Travel