Washington Federation of State Employees
Expense Voucher
WFSE Local 1221 PO Box 9798, Spokane, WA 99209
(Receipts must be attached for parking and hotel)
Expense Voucher - Request for Payment - Advance

Name:	**Agency**:	**Month of:**
Address:		
City, State and Zip Code:		
Phone ( )	**Email :**	

Explain event/sponsor, date(s), location and purpose or reason for attending/comments:

_____

_____

To be reimbursed, you must complete this form and submit receipts:

Meals (including tip) Check (x) Meal, Amount and Names of People Entertained								Total:
Date:		Breakfast		Lunch		Dinner	Name(s)	
Totals:								

Transportation:						Total:
Date:	From:	To:	# of miles	$.58 per mile	Parking fees:	
Totals:						$

All Other Expenses:			Total:
Date:		Amount:	
Totals:			

Less previously Paid Advance:	$
Total All Expenses on this Voucher	

I hereby certify under penalty of perjury that this is a true and correct claim for necessary expenses incurred by me and that no payment has been received by me on account thereof.

Signed _____
Member requesting/recipient

Signed _____
Authorizing Officer (Pres.,VPres., or Chair)

Date _____

Date _____

For Treasurer's Use

- ☐ By motion of membership _____
- ☐ By motion of Executive Board _____
- ☐ Local 1221 operating budget _____
- ☐ Other _____

version January 2019

- ☐ Date: Paid: _____
- ☐ Check Number: _____
- ☐ Handed to Recipeint: _____
- ☐ Delivered to: _____
- ☐ Mailed to: _____