

WASHINGTON STATE SCHOOL RETIREES ASSOCIATION

4726 Pacific Avenue Lacey WA 98503
1-360-413-5496 OR 1-800-544-5219

(Instructions on reverse)

Please use the green voucher for Coordinating Council and the blue voucher for Convention.

First Name (print) _____ Last Name _____
 Address _____ City _____ St. _____ Zip _____
 (____) _____ - _____ Phone # _____ Unit # _____ Unit Name _____

Member of the:

[] Executive Board

[] District Rep. # _____

[] Other _____

[] State Committee (Specify) _____

CHECK HERE IF CHANGE OF ADDRESS

Meeting Date _____		Reason for attending meeting _____					
Meeting attended _____		State budget (s) responsible for expense _____					
Travel Detail:	Miles	Miles x rate	Bkfst	Lunch	Dinner	Hotel	TOTAL
From:	#						
To:	#						

Meeting Date _____		Reason for attending meeting _____					
Meeting attended _____		State budget (s) responsible for expense _____					
Travel Detail:	Miles	Miles x rate	Bkfst	Lunch	Dinner	Hotel	TOTAL
From:	#						
To:	#						

Meeting Date _____		Reason for attending meeting _____					
Meeting attended _____		State budget (s) responsible for expense _____					
Travel Detail:	Miles	Miles x rate	Bkfst	Lunch	Dinner	Hotel	TOTAL
From:	#						
To:	#						

Totals							
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Miscellaneous Expenses:

Description	Phone	Printing	Postage	Misc.	TOTAL
Totals					

TOTAL TO BE REIMBURSED

\$

LIST ADDITIONAL PARTICIPANTS FOR TRAVEL OR MEALS:

1. _____ Date _____ Committee _____
2. _____ Date _____ Committee _____
3. _____ Date _____ Committee _____
4. _____ Date _____ Committee _____

I certify that this statement, the amounts claimed, and attached receipts represent necessary expenses incurred by me while engaged in the Association's business.

Submitted By _____ Date _____

Approved By _____ Date _____

Office use only	
Committee	_____
Mileage	_____
Food	_____
Hotel	_____
Phone	_____
Printing	_____
Postage	_____
Misc.	_____
Total	\$ _____ \$ _____

PLEASE KEEP YELLOW COPY FOR YOUR RECORDS AND SEND ONLY WHITE COPY TO WSSRA

WSSRA will reimburse you fully for all reasonable expenses incurred in the ordinary course of business. You will be reimbursed for actual Association business expenses only. Check with the office first if you're not sure an expenditure qualifies for reimbursement.

The requirements below reflect sound business practices and Internal Revenue regulations.

* **Submit a completed Expense Voucher to your Committee Chair for approval.**

* **Attach all receipts to back of voucher.**

* Vouchers should be submitted within thirty (30) days of the expense or sooner.

* List expenditures by date and amount in the appropriate columns. If necessary, continue on a second form.

* Expenditures for business meals and entertainment must document all of the following:

- a. Purpose
- b. Nature of event.
- c. Name and location where expense was incurred.
- d. Names of all participants.

* Identify telephone & incidental expenses in the MISCELLANEOUS column.

* Check the box that pertains to the meeting or function you attended. (Indicating which budget this expense comes out of.)

It's your obligation to ride-share whenever possible. If members who live in the same vicinity need to drive alone, please indicate why.

FOR ADDITIONAL INFORMATION REFER TO "TRAVEL REIMBURSEMENT PROCEDURAL INFORMATION" IN THE WSSRA HANDBOOK.

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