

MILEAGE REIMBURSEMENT VOUCHER

WEA - Southeast
7403 W. Grandridge Blvd. Kennewick, WA 99336-7731

DATE _____	CHECK NUMBER _____	AUTHORIZED BY _____
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NAME _____

Address _____
City State Zip

Association _____

Activity _____ Date _____

Mileage from _____ to _____ = _____

Mileage from _____ to _____ = _____

Total miles _____ reimbursed at .670 cents per mile = _____

I hereby certify that the above voucher is correct and mileage claimed is in accordance with Council policy.

Signature Date

(01-01-24 IRS mileage reimbursement rate)