

MILEAGE REIMBURSEMENT VOUCHER

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

DATE _____ **CHECK NUMBER** _____ **AUTHORIZED BY** _____

NAME _____

Address _____
_____ **City** _____ **State** _____ **Zip** _____

Association _____

Activity _____ **Date** _____

Mileage from _____ **to** _____ = _____

Mileage from _____ **to** _____ = _____

Total miles _____ **reimbursed at 55.5 cents per mile =** _____

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

Signature _____ **Date** _____