

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 .575 cents per mile = _____

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

Signature Date

(1/1/20 IRS mileage reimbursement rate)