



Washington Library Association Expense Voucher

Date: _____

WLA Office, Committee, or Section Name: _____

Payee: _____

Mailing Address: _____
(Street or PO Box)

(City) _____ (Zip + 4) _____

Telephone: () _____

E-mail Address: _____

Expenses:

Total Mileage: _____ @53.5 cents per mile \$ _____

Public Transportation (air, train, bus) \$ _____

Dues or Registration \$ _____

Honoraria \$ _____

Other (identify) _____ \$ _____

TOTAL \$ _____

I CERTIFY THE ABOVE CLAIM IS CORRECT AND JUST.

Submitted by: _____

Signature: _____
(Date)

Approved by: WLA President, Board Officer, Committee, Division/Section Chair, or Executive Director

(Signature) (Date) (Telephone)

Budget Category to Charge Expenses (Section, Specific Committee, Workshop, etc.)

Purpose of Meeting, Workshop, or Expense:

Comments: _____

All claims must be submitted within 30 days
Please attach original receipts and submit to:

Washington Library Association
PO Box 33808
Seattle, WA 98133
e-mail: info@wla.org
Phone: 206-823-1138