



Woodburn Education Association
 PO Box 515
 Woodburn, OR 97071

Expense/Reimbursement Voucher

Name: <small>(Please print clearly)</small>		
Address:		
City:	State	Zip

Date	Description	**Mileage		*Meals *Lodging *Misc	TOTALS
		Miles	Amount		
					Due Member

ITEMS MARKED (*) MUST HAVE RECEIPT ATTACHED

CODING BLOCK TO BE COMPLETED BY AUTHORIZING UNIT

			DEBIT

CHECK NUMBER _____	CHECK AMOUNT
--------------------	---------------------

_____ Member's Signature	_____ Date
-----------------------------	---------------

_____ Approval Signature	_____ Date
-----------------------------	---------------