Woodburn Education Association
PO Box 515
Woodburn, OR 97071

Expense/Reimbursement Voucher

Name: (Please print clearly)		
Address:		
City:	State	Zip

Date	Description	**Mileage		*Meals *Lodging *Misc	TOTALS
		Miles	Amount		Total Each Line
					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