

Orchestrating Success



in the Mountain State

WVMEA TRAVEL EXPENSE VOUCHER

Name: _____
Address: _____
City: _____
State: _____ Zip: _____

Phone: _____
Fax: _____
Email: _____

Purpose of travel: _____

Please remit the travel expense voucher within 30 days to the executive director for reimbursement.
Please attach receipts.

From	To	Description (Air, Auto, Parking, Taxi, Tips to Driver's, etc)	Amount

TOTAL TRANSPORTATION: _____

ITEMIZE ALL OTHER TRAVEL EXPENSES

Date	Breakfast	Lunch	Dinner	Hotel	(Misc) Description	Amount	Daily Total

TOTAL ALL OTHER EXPENSES: _____

TRANSPORTATION + OTHER EXPENSES, GRAND TOTAL: _____

Signature: _____ Approval
Signature: _____