

Evergreen State Volkssport Association

Reimbursement Voucher

Member _____

Date _____

Reimbursable Items		Amount
Expense	Description	
Photocopies		
Postage		
Telephone		
SUB-TOTAL		

MILEAGE

DESTINATION	Beginning Odometer	Ending Odometer	Total Miles	Rate	Amount
MILEAGE AMOUNT					
TOTAL AMOUNT					

PLEASE ATTACH SUPPORTING DOCUMENTS

SIGNATURE _____

DATE _____

APPROVED _____

PAYMENT
REFERENCE

DATE _____

SEND TO: Evergreen State Volkssport Association Treasurer
3742 SW 313th St.
Federal Way, WA 98023-2142