

WSAPT EXPENSE VOUCHER

NAME: _____

Month: _____ Year _____

Day of Month	MEALS			Lodging	Miles Traveled	Mileage \$	Daily Expenses	LOCATION	PURPOSE
	Breakfast	Lunch	Dinner						
						\$ -	\$ -		
						\$ -	\$ -		
						\$ -	\$ -		
						\$ -	\$ -		
						\$ -	\$ -		
						\$ -	\$ -		
						\$ -	\$ -		
						\$ -	\$ -		
						\$ -	\$ -		
						\$ -	\$ -		
						\$ -	\$ -		
TOTAL	\$ -	\$ -	\$ -	\$ -		\$ -	\$ -		

SUNDRY EXPENSES			
DAY	PAID TO	DESCRIPTION	AMOUNT
TOTAL			0.00

CERTIFICATION	
I hereby certify under penalty of perjury that this is a true and correct claim for necessary expenses incurred by me and that no payment has been received by me on account thereof.	
Signed: _____	Date Signed: _____
Claim certified as correct: _____	Date Signed: _____

Meals	\$ -
Lodging	\$ -
Mileage	\$ -
Sundry Expenses	\$ -
TOTAL	\$ -