

Sheila Green-Shook
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Brier, WA 98036-8230

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Spokane, WA 99223

Expense Statement

Instructions: Please send this form and all associated receipts for reimbursement approval **within 30 calendar days after expenses are incurred.** All expenses must be approved by Committee Chairperson (if a committee expense) or President (all board members and others). Travel reimbursement will be based on WSHIMA guidelines (\$350 airfare, \$150 hotel per day, \$50 food per day, and \$25 each way for transportation). Travel should be taken by the most economical class and by the most direct route. Cost center/subcategory codes are on reverse of this form. IRS Mileage Rate is **.50 per mile effective 1/1/2010**

Make check payable to: _____

Mailing Address: _____

City / State Zip: _____

| Cost Center | Sub-Category | Expense \$ | Description - REQUIRED INFO (Location/meeting/committee name) | Date(s) |
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EXPENSE TOTAL \$ _____

List any expenses exceeding WSHIMA guidelines and justification for expense:

I hereby certify that all expenses claimed above were incurred on official business of WSHIMA.

Signature: _____ Date: _____

Committee Chairman/Board Member Approved: _____ Date: _____

Treasurer use only:

Date Received: _____ Date Paid: _____

Check # _____ Entered QuickBooks: _____