

**2017 MILEAGE EXPENSE VOUCHER – CWA LOCAL 4603**

**PAYEE:** \_\_\_\_\_  
**ADDRESS:** \_\_\_\_\_  
**CITY/STATE/ZIP:** \_\_\_\_\_

<b>DATE Submitted</b>	<b>EXPLANATION</b>	<b>ACCT #</b>	<b>AUTHORITY</b>	<b>\$ AMOUNT</b>
	MILEAGE REIMBURSEMENT	513.1	LOP IVC2a	
	<b>TOTAL MILES</b> _____ <b>x</b> 53.5¢			

**TOTAL EXPENSE: \$** \_\_\_\_\_

**SIGNATURE** \_\_\_\_\_

Date	From	To	Miles	Purpose
		<b>Total from back</b>		
		<b>TOTAL MILES:</b>		

**FINANCIAL OFFICER USE:**

**Check #:** \_\_\_\_\_ **Check Total:** \$ \_\_\_\_\_ **Dated:** \_\_\_\_\_

**Approved By:** President \_\_\_\_\_  
 Treasurer \_\_\_\_\_

