

Evergreen State Volkssport Association

Reimbursement Voucher

Member _____

Date _____

Reimbursable Items		Amount
Expense	Description	
SUB-TOTAL		

MILEAGE

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

PLEASE ATTACH SUPPORTING DOCUMENTS, INCLUDING SUPPORT FOR MILEAGE CALCULATION SUCH AS THE MILEAGE CALCULATION FROM GOOGLE MAPS, OR ANOTHER SIMILAR SOURCE.

I certify that the total miles described above include only mileage to and from an ESVA event and any mileage used while volunteering my time that is directly related to an ESVA event.

SIGNATURE _____

DATE _____

SEND TO: Cathy Greutert - ESVA Treasurer
P.O. Box 16755
Seattle, WA 98116-0755