

MORAINÉ PARK FEDERATION OF TEACHERS – LOCAL 3338

Expense Voucher

Instructions: Itemize expenses and attach receipts when appropriate.

Name: _____

Date: _____

Date	Auto		Other Expenses		Total Exp. Per Day	Statement of Business
	Destination	Total Miles	\$ Amt.	Itemize		

Check # _____

TOTAL CLAIMS	
ADVANCEMENTS	
BALANCE	

Signature _____

Mail to: (if other than campus mail)

Street _____

City _____ State _____ Zip _____

**Please sign and return to
Carrie Schmidt
West Bend Campus**