

## Western Service Area Authority TRAVEL AND REIMBURSEMENT CLAIM

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/ZIP: \_\_\_\_\_

Attach all purchase receipts for reimbursement. Note: Attach direct billing motel receipts and list under "Description" but do not include motel amount in totals.

Date	No. of Miles	x 0.535 per mile	Lodging (state rate = \$89/night)	Meals (specify) B = \$5 / L = \$6 / D = \$12	Miscellaneous with Description	Total per line

**Combined Total Amount \$** \_\_\_\_\_

I hereby certify that this is a valid travel claim to the Western Service Area Authority (WSAA) expense fund in accordance with current policies and procedures.

Signature: \_\_\_\_\_ Date \_\_\_\_\_

Board Approval: \_\_\_\_\_