

Pay to: \_\_\_\_\_

Date	Description	Amount	
	Auto Travel _____ miles @ .20 (one person)		
	Auto Travel _____ miles @ .25 (carpool)		
	Meals		
	Telephone		
	Postage		
	Other (describe)		
Signed _____		Subtotal	
		Less Contribution	
		Total	

Signed \_\_\_\_\_

Paid Ck # \_\_\_\_\_

Date Paid \_\_\_\_\_

Approved \_\_\_\_\_

Reviewed \_\_\_\_\_

*Signed is the submitter of the request*

*Approved is the Committee Chair or other Officer*

*Reviewed is the preparer of the check*

*If multiple dates & mileage amounts, please list*

*Please submit to the Financial Manager at PEIA*