EXPENSE VOUCHER FOR WASHINGTON TOWNSHIP

POSITION:

NAME:

ADDRESS:

DATE SUBMITTED:

PERIOD COVERED FROM: *TO:*

Date of Service	Description & Reason for Expense	Hours	Mileage	$ Expense $ Reimbursement	Rate	Total

Due the 5th of the Month for expenses the previous month

Receipts must be attached for reimbursement   **TOTAL AMOUNT DUE**

SIGNATURE OF CLAIMANT: *DATE:*