FORM
A20-A (REV. 9/05)

STATE OF WASHINGTON
TRAVEL EXPENSE VOUCHER

REGULARLY SCHEDULED WORK HOURS

AGENCY NAME
South Puget Sound Community College

AGENCY NO.

NAME AND ADDRESS OF CLAIMANT

MONTH/YEAR

OFFICIAL STATION

PHONE (SCAN) NO

OFFICIAL RESIDENCE

DATE	TRIP INFORMATION				PER DIEM						MOTOR VEHICLE				OTHER PER DETAIL	GRAND TOTAL	PURPOSE OF TRIP
	FROM	TO	TRIP TIME DEPART	TRIP TIME RETURN	PER MEAL ENTITLEMENT B	L	D	SUB TOTAL	LODGING COSTS Rcpt Req'd	TOTAL	MILES DRIVEN PT. to PT.	VIC-INITY	Reim-burse-ment	Mileage Allowance			
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													0.485				
				TOTAL													

DETAIL OF OTHER EXPENSES

DATE	PAID TO	FOR	AMOUNT

I hereby certify under penalty of perjury that this is a true and correct claim for necessary expenses incurred by me and that no payment has been received by me on account thereof.

SIGNATURE | DATE

APPROVED BY | DATE

DOC. DATE	PMT DUE DATE	CURRENT DOC. NO.	REF. DOC. NO.	VENDOR NUMBER	VENDOR MESSAGE	USE TAX	SSN

TRANS CODE	MOD	FUND	APPN INDEX	PROGRAM INDEX	SUB OBJ	SUB SUB OBJ	ORG INDEX					AMOUNT	INVOICE NUMBER
					AMOUNT OF TRAVEL ADVANCE RECEIVED:									

ACCOUNTING APPROVAL FOR PAYMENT | DATE | WARRANT TOTAL **$ -** | WARRANT NUMBER