STATE VOCATIONAL FEDERATION OF TEACHERS
LOCAL 4200A
REIMBURSEMENT VOUCHER

PLEASE FILL OUT THE FORM COMPLETELY FOR REIMBURSEMENT

NAME: ____

ADDRESS: ____

CITY, STATE, ZIP: ___________________________________

DATE	DESCRIPTION	# OF MILES	AMOUNT
		Total	**$**

<u>ATTACH ALL RECEIPTS</u>

SIGNATURE:____