WYOMING LIBRARY ASSOCIATION **EXPENSE VOUCHER**

Make checks payable to:

Name:_____

Address:_____

City:	State:	Zip:
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Date Expenses Occurred	Explanation (Include which section/committee)	Actual Cost of Gas	Meals	Room	Other
		\$	\$	\$	\$

TOTAL EXPENSES:

I certify that the above is an accurate description of expenses incurred by or authorized by me on behalf of the Wyoming Library Association.

Please send to: Laura Grott, Box 1387, Cheyenne, WY 82003 for reimbursement.

SIGNATURE:_____Date:_____