

ACCOUNTING & FINANCIAL POLICIES AND PROCEDURES MANUAL
 UPDATED AND EFFECTIVE: August 15, 2019

Form 15

NORTHWEST COMMUNITY ACTION, INC.
 BOARD OF DIRECTORS/POLICY COUNCIL/ADVISORY BOARD EXPENSE STATEMENT

Meeting Date: _____ Location: _____

Points of Travel: _____

Total Round Trip Mileage: _____ x (federal mileage rate) _____ \$ _____

Meal Expense: _____ \$ _____

Other Expense: _____ \$ _____

Total \$ _____

I certify that this statement and the amounts claimed herein are true, correct and complete to the best of my knowledge, and that payment for the amount claimed has not been received.

Signature: _____ Reviewed and Approved by: _____

Address: _____

.....
 Office Use Only:

Voucher Number: _____ Meeting Date: _____

Vendor Number: _____ Net Due: _____

Y	FFF	DDD	PP	SS	OOOO	\$\$\$\$\$cc	Description