NAME AND ADDRESS OF VOLUNTEER CLAIMANT	REGULARLY SCHEDULED WORK HOURS (INDICATE HOURS) n/a	MONTH/YEAR
	OFFICIAL STATION	HOME PHONE
	OFFICIAL RESIDENCE	WORK PHONE

ALEA GRANTS
TRAVEL EXPENSE VOUCHER

FORM A-20-A (Rev. 01/2006)

Washington Department of FISH and WILDLIFE

Please attach original itemized receipts and forward original TEV to Accounts Payable Travel Desk. See reverse side for explanation of taxable meals and exception to the rule for lodging.

AGENCY NO. **477**

	TRIP INFORMATION				PER DIEM							MOTOR VEHICLE							
			TRIP TIME		PER MEAL ENTITLEMENT							MILES DRIVEN							
DATE	FROM	TO	DEPART	RETURN	B	L	D	TAXABLE MEALS	NON-TAX MEALS	ACTUAL LODGING	TOTAL PER DIEM	PT. TO PT.	VICINITY	REIMBURSE RATE .51	MILEAGE ALLOWANCE	OTHER PER DETAIL	GRAND TOTAL	MASTER INDEX	PURPOSE OF TRIP
														0.40				51506	
														0.40				"	
														0.40				"	
														0.40				"	
														0.40				"	
														0.40				"	
														0.40				"	
														0.40				"	
														0.40				"	
														0.40				"	
														0.40				"	
														0.40				"	
														0.40				"	
														0.40				"	
				TOTALS										0.40				"	

*** DETAIL OF OTHER EXPENSES**

DATE	PAID TO	FOR	AMOUNT

DOC DATE	CURRENT DOC NO	VENDOR NUMBER

TRANS CODE	MOD	FUND	MASTER INDEX	SUB OBJ	SUB SUB OBJECT	ORG INDEX	PROJECT	AMOUNT	INVOICE NUMBER
			51506				**11-1248**		

* Per OFM regulations, only those expenses incurred while on travel status may be reimbursed on TEVs.

I have chosen not to request reimbursement for all travel expenses to which I am entitled for this travel period. **Initials**

ACCOUNTING APPROVAL FOR PAYMENT
must have your original signature below in ink - mail this form to Conservation NW, 1208 Bay St #201, Bellingham, WA 98225

DATE

WARRANT TOTAL

WARRANT BATCH NUMBER

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.

VOLUNTEER CLAIMANT SIGNATURE

DATE

GRANTEE SIGNATURE AUTHORITY

DATE

WDFW ALEA APPROVAL

DATE

SUBMITTED FORMS MUST HAVE AN ORIGINAL SIGNATURE (IN INK)