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	\$
ATTACH ALL RECEIP	TS	Total	<u> </u> 7
AT IACH ALL NECLIF	<u></u>		
SIGNATURE:			