

SOUTHWEST IOWA TRANSIT – DRIVER EXPENSE VOUCHER

REMEMBER: Attach invoices for all expenses and be sure to SIGN

Date MO/DA/YR	Who did you pay?	Description of Expense	Amount Requested
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
Total			\$

I certify that the items for which payment is being requested were furnished for SWIPCO/SWITA business purposes under authority of the law and the charges are reasonable, proper, correct, and no part of this claim has been paid.

Claimant Signature

Date

Approval Signature

Date