

WCADVSA HHS Training Scholarship Assistance Invoice

Bill To:
WCADVSA PO Box 236 Laramie, WY 82073

Remit Payment To:

Name and Date of Training

Copies of Receipts and Training Agenda Must Be Attached.

Line Item Expense	Description	Amount
Gas or Mileage		
Meals		
Lodging		
Ground and Surface Travel		
Air/Train Fare		
Registration		
Total		\$

Executive Director Signature

Date

Phone Number

May 2008