

**WCADVSA Rural Grant Advocacy Conference Travel Assistance
Invoice**

Bill To:
WCADVSA PO Box 236 Laramie, WY 82073

Remit Payment To:

**Copies of receipts must be attached and submitted to the
WCADVSA no later than thirty days following the conference.**

Line Item Expense	Description	Amount
Gas or Mileage		
Meals		
Lodging		
Total		\$

Executive Director

Date

Phone Number