

Check No. _____

Line Item 1.200

WASHTENAW COUNTY EDUCATION ASSOCIATION

Representative Voucher (September – January)

Representative's Name: _____ School District: _____

Purpose: Attending WCEA Meetings

Date of WCEA Meeting	Attended Circle One	Dates of Other Meetings <i>(Ratification meetings or Bargaining Conferences)</i> List Dates Below and type of meeting	STOP Do not write in this box For WCEA treasurer's use
September _____, 2007	Yes / No	_____	Number of WCEA meeting attended _____
October _____, 2007	Yes / No	_____	
November _____, 2007	Yes / No	_____	Number of other meetings attended _____
December _____, 2007	Yes / No	_____	
January _____, 2008	Yes / No	_____	
Representative's Signature verifying attendance: _____		<i>REPRESENTATIVE'S CONTACT INFORMATION</i> Address: _____ _____ Phone: _____ Email: _____	
			(Total number of meetings _____ X \$15.00) TOTAL TO BE REIMBURSED \$

Date Approved for payment: _____

Signature of Treasurer

Signature of President or Vice President