West Virginia Association of Rehabilitation Facilities

Member Name_____

Committee Assignment_____

CRP_____

Make Check Payable to:_____

Date	Origination/Destination <From/To>	Miles	$	Air/Rail	Car Rental	Meals	Lodging	Taxi/Other Transp.	Reg.	Misc. *	TOTAL
	from:										
	to:										
	Total										

* Miscellaneous Expenses

Date	ITEMS	$

White Copy - WVARF Yellow Copy - WVARF Pink Copy - Member