

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
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
<b>Total</b>			\$

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