



Center for World Indigenous Studies

WEEKLY TIME SHEET

1001 Cooper Point Rd SW Suite 140-214
 Olympia, Washington 98502
 360-754-1990 email: cwisfwi@halcyon.com

Name: _____ Title: _____
 File: _____ Status: _____
 Program: _____ Supervisor: _____

Date	Start Time	End Time	Regular Hrs.	Overtime Hrs.	Total Hrs.
WEEKLY TOTALS					

Director Signature: _____ Date: _____
 Supervisor Signature: _____ Date: _____

Work Site: CWIS Headquarters, Olympia, Washington, USA
 Xipe Totec, Yelapa, Jalisco, MEXICO
 Remote Site:



CWIS
Fourth World Institute
 1001 Cooper Point Road SW, Suite 140-214
 Olympia, WA 98502 USA

TRAVEL VOUCHER

Date: August 7, 1998
 Voucher #: 20004471.00
 Account: 200CWIS

Name: _____
 Address: _____
 City/Town: _____ State/Prov: _____ Postcode: _____

Purpose of Travel: _____

DEPARTURE			ARRIVAL		
Date (dd/mm/yy)	Time: (hh:mm)	Location	Date (dd/mm/yy)	Time: (hh:mm)	Location
Total Days			Local Miles		

Travel Agent: _____	Ticket Number: _____	
Description	Units	Rate
Lodging.....		
Meals.....		
Telephone.....		
Surface Transport..... (Taxi, bus, train, etc.)		
Other costs: _____		
Other costs: _____		
Total Advance Payment Request:		
Total estimated travel cost:		

Traveler's Signature _____

SS# - -

Authorization: _____

ACTUAL EXPENSES: (Receipts Attached)				
	Lodging	Meals	Other Costs	Total

REIMBURSEMENT DUE:

I certify that this statement, the amounts claimed and attachments are true, correct and complete to the of my knowledge

Signature: _____

Date: 10.16.14	Check #: _____	Clerk: _____	Mileage Rate: 0.29
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