



Wisconsin Association Nurse Anesthetists

Mail to; Major Peter Strube CRNA MSNA APNP ARNP
Treasurer WIANA
908 Vista Ridge Drive
Mount Horeb, WI 53572
Cell; 608-469-1750

Officer Expense form: FOR what function:

Mileage at rate of 0.50 x _____miles == _____

Other _____

Other _____

Other _____

Total: \$ _____

Lodging on the Master Bill Y/N

Please include all receipts

Please include a self addressed stamped envelope

Check number:

Date of Check:

Entered into QuickBooks: