



NMAA WWMP – ASSESSOR PAYMENT VOUCHER – ‘09-‘10

Assessor Name: _____

Assessor Address: _____

COMPLETE ASSESSMENTS*					
Date	School	Assessment Site	#Assessments	Fees	Sub-Total
				@\$5.00	
				@\$5.00	
				@\$5.00	
				@\$5.00	
				@\$5.00	
				@\$5.00	
				@\$5.00	
				@\$5.00	
				@\$5.00	
				Sub-Total	
PRE-AUTHORIZED MILEAGE**					
Date	From-To-Return	Odometer Readings	or Map Mileage		
				@ .405	
				@ .405	
				Sub-Total	
				Grand Total	

*Complete Assessments – Hydration, body composition, data entry

**For cluster/regional travel approved/paid by NMAA, individual school site travel must be billed directly to the school by the assessor

I request payment for the above WWMP fees as per policy:

Name – Print

Signature

Date

