

TRAVEL EXPENSE VOUCHER

Name _____ Board Member Employee Itinerant Employee Date Submitted _____

Home Address _____ City _____, State _____ Zip _____

Funding Source: _____

DATE	TIME		LOCATION/PURPOSE	MILEAGE		FOOD	LODGING	REGISTRATION	OTHER	TOTAL
	Depart	Return		# of Miles	\$ Amount					
Totals										
<u>GRAND TOTAL:</u>										

**Mileage will be reimbursed at the July adopted state rate per mile.
Please attach all receipts for expense reimbursement. Reimbursement will be made monthly.**

Employee's Signature *Date* *Signature of Superintendent/designee* *Date*