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								
									GRAND TOTAL:		

Mileage will be reimbursed at the July adopted state rate per mile. (7/1/15 $0.43)
Please attach all receipts for expense reimbursement. Reimbursement will be made monthly.

_____ _____ _____ _____

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

Review/Revised:07/01/13