



Adlai E. Stevenson High School



Travel Expense Voucher

Name: _____ Department: _____

Reason for Travel (Give Details)

Destination: _____

Date & Hour of Departure

Date & Hour of Return

DATE							TOTALS
Lodging							
Breakfast							
Lunch							
Dinner							
Registration							
Other							
Taxi/Parking							
Tolls							

Travel
Air/Rail/Bus _____

Auto _____ miles @ _____ per mile _____

My signature below certifies that these are true and correct
travel expenses I incurred while conducting school business.

Subtotal _____

Less Advance _____

Signature Date

Total Request _____

Director Date

Business Manager Date

Principal Date

Charge to: _____