TRAVEL EXPENSE VOUCHER

FUND	PROJECT	EMPLOYEE ID#

Name _____ **Date Submitted** _____
Home Address_____ **City** _____, **State** _____ **Zip** _____

DATE	TIME		LOCATION/PURPOSE	MILEAGE		FOOD	LODGING	OTHER	TOTAL
	Depart	Return		#Miles	$Amount	Meals			
Totals									

GRAND TOTAL

Please attach all receipts for expense reimbursement. reimbursement will be made monthly. All travel must be submitted by the 8th of the month to process for payment.

_____ _____ _____ _____

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

****Employee's request for reimbursement from programs (included but not limited to ESS, Title I) must have program supervisor's signature.***

Revised: 08/30/01