

## HAZARD INDEPENDENT SCHOOLS TRAVEL EXPENSE VOUCHER

DATE \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

Dates	Travel Locations	Total # of Miles	Lodging	Meals (Circle Amt.)	Daily Total (Lodging & Meals)	Org Code	Object Code	Project Code
				Breakfast-\$7.00 Lunch-\$8.00 Dinner-\$15.00				
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				Breakfast-\$7.00 Lunch-\$8.00 Dinner-\$15.00				
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I certify that the above is a correct statement of amount due from the above named board of education for articles furnished or services rendered as itemized.

<b>TOTAL FOR ALL COLUMNS</b>	
<b>*TOTAL MILEAGE @ .44 PER MILE</b>	
<b>TOTAL TO BE REIMBURSED</b>	

*\*Changes Quarterly Based on State Rate*

Traveler's Signature \_\_\_\_\_

Date \_\_\_\_\_

Supervisor's Signature \_\_\_\_\_

Approved for payment:

Superintendent's Signature \_\_\_\_\_

Director of Finance's Signature \_\_\_\_\_

Claim Number \_\_\_\_\_

Check Number \_\_\_\_\_

Amount Paid \_\_\_\_\_

Date Paid \_\_\_\_\_