

OLD ROCHESTER REGIONAL SCHOOL DISTRICT
MASSACHUSETTS SCHOOL SUPERINTENDENCY UNION #55
Marion – Mattapoisett – Rochester
BUSINESS OFFICE

EXPENSE VOUCHER

DATE: _____ PURCHASE ORDER # _____

NAME: _____

ADDRESS: _____

START DATE: _____ END DATE: _____

DESTINATION: _____

PURPOSE OF TRIP*: _____

MEALS*: _____ TOLLS*: _____

REGISTRATION: _____ LODGING: _____

ODOMETER READING START** _____ ODOMETER READING END _____

MILEAGE _____ MILES ROUND TRIP X. ___/mile = \$ _____

TOTAL EXPENDITURES \$ _____

APPROVED BY: _____ DATE _____

REQUESTED BY: _____ DATE _____

ACCOUNT NUMBER _____

* THE FOLLOWING MUST BE ATTACHED TO THIS SIGNED FORM:

- MEETING AGENDA
- ORIGINAL ITEMIZED, DATED MEAL RECEIPTS
- PARKING AND TOLL RECEIPTS

**IF YOU ARE TRAVELING SEVERAL DAYS PLEASE USE REVERSE SIDE OF FORM TO REPORT START AND END READINGS FOR EACH DAY.
A COMPUTER MILEAGE PRINTOUT MAY BE USED IN THE PLACE OF ODOMETER READINGS.