TRAVEL EXPENSE VOUCHER

Due by the 5th of each month

Attach log and all receipts to standard invoice

NAME: _____ **Reimb. Rate:** **0.43** **For the month of:** _____

DATE	DESTINATION	REASON	MILES	MEALS	HOTEL ROOM	TOLL	MISC. (Specify)	TOTAL
								0
								0
								0
								0
								0
								0
								0
								0
								0
								0
								0
								0
								0
								0
								0
								0
								0
								0
								0
								0
								0
								0
							SubTotal	0
							Total all Pages (Transfer to Invoice)	

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Mileage for the use of personal vehicles will be reimbursed at the Board-approved rate.