

Mileage Rate _____

LESLIE COUNTY BOARD OF EDUCATION IN-COUNTY TRAVEL VOUCHER

NAME _____

TRAVEL FOR MONTH OF _____

DATE	TRAVEL FROM	TRAVEL TO	SPEEDOMETER READING BEGIN	SPEEDOMETER READING END	MILES TRAVELED	PURPOSE OF TRAVEL	*SIGNATURE	
SIGNATURE OF TRAVELER				TOTAL MILES TRAVELED				0
PRINCIPAL'S SIGNATURE				FUNDING SOURCE				
APPROVED BY				DATE APPROVED		TOTAL DUE		\$0.00
DEPARTMENT		CODE		CHECK #		CHECK DATE		

* ALL DATES AND TRAVEL MUST BE SIGNED BY THE PRINCIPAL OR THEIR DESIGNEE