

Appendix H

Expense Voucher
Kosciusko School District

Name: _____ Month: _____

Location:

☐ Kosciusko Lower Elementary ☐ Kosciusko Middle Elementary
☐ Kosciusko Upper Elementary ☐ Kosciusko Junior High School
☐ Kosciusko High School ☐ Special Education Office
☐ Alternative School ☐ Central Office

Total Amounts (itemize on the reverse side)

Meals	
Lodging	
Travel if School Vehicle is not available (0.655 per mile)	
Travel if you chose to take personal vehicle (.022 per mile)	
Public Carrier Fee	
Dues and Fees	
Other Expenses	
TOTAL EXPENSES	

AGENDA REQUIRED, ORIGINAL RECEIPTS ONLY

SIGNATURE: _____ DATE: _____

SUPERINTENDENT SIGNATURE: _____

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DATE	STARTING MILEAGE	ENDING MILEAGE	TOTAL MILES

DATE	COST OF MEALS	TOTAL

DATE	COST OF HOTEL PER NIGHT	TOTAL

OTHER EXPENSES	LIST EXPENSE	PRICE	TOTAL

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