

General Personnel - Exhibit - Employee Travel Expense Voucher

Submit to the Superintendent

Name: _____ Request date: _____

Destination: _____ Purpose: _____

Departure date: _____ Return date: _____

Please print and attach receipts for all expenditures.

Expense Voucher									
* Auto Travel Allowance: _____ per mile									
Date	Mileage *		Lodging	Meals			Other Item	Cost	Daily Total
	Miles	Cost		Breakfast	Lunch	Dinner			
Total									\$

Board Action: **Approved** **Denied**

Superintendent

Date

APPROVED: October 15, 2012