



Expense Voucher

Approved _____

Name _____ Month Beginning _____ .20

Address _____ Month Ending _____ .20

City/State/Zip _____

| Day of Month | LOCATIONS TRAVELED | MILES | Reason* A/B | OTHER (Attach Receipt) |
|---------------|--------------------|-------|----------------|---------------------------|
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |
| 5 | | | | |
| 6 | | | | |
| 7 | | | | |
| 8 | | | | |
| 9 | | | | |
| 10 | | | | |
| 11 | | | | |
| 12 | | | | |
| 13 | | | | |
| 14 | | | | |
| 15 | | | | |
| 16 | | | | |
| 17 | | | | |
| 18 | | | | |
| 19 | | | | |
| 20 | | | | |
| 21 | | | | |
| 22 | | | | |
| 23 | | | | |
| 24 | | | | |
| 25 | | | | |
| 26 | | | | |
| 27 | | | | |
| 28 | | | | |
| 29 | | | | |
| 30 | | | | |
| 31 | | | | |
| TOTALS | | | | \$ |

***Reason for Travel Code**

- A – Service to Special Education Student
- B – Other

Mileage @ _____ \$ _____

I certify that the foregoing is true and correct, due and unpaid.

Signature _____

Grand Total Claim \$