

Expense Voucher

Approved _____

Code (A) _____ Code (A) _____
 (B) _____ (B) _____

Name: _____ Month Beginning: _____

Address: _____ Month Ending: _____

City/State/Z _____

Day of Month	Locations Traveled	Miles	Reason* A/B	Other \$ Amount (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				
	Total	0		0.00
	Mileage @ .54.5	0.00		
	Grand Total Claim	0.00		

***Reason for Travel**

Code

A - Service to Special Education Student

B - Other

Signature _____

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

DIRECT SUPERVISOR SIGNATURE: _____