

EXPENSE VOUCHER



NAME _____

POSITION _____ DEPT _____

DISTRICT _____

TOTAL MILES _____ AT .43 ¢ PER MILE AMT _____

MOTELS (# OF NIGHTS) _____

MEALS (#) _____

TELEPHONE _____

LIGHTS _____

HEATING _____

POSTAGE _____

MISCELLANEOUS _____

TOTAL CLAIM OF VOUCHER _____

LIST TRIPS STATING POINTS OF ORIGIN & DESTINATION.

DATE _____ SIGNED _____

PERSONNEL ARE EXPECTED TO PAY FOR THE ABOVE AND SUBMIT RECEIPTS TO OFFICE OF FINANCE OR RESPECTIVE DISTRICT SECRETARY FOR REIMBURSEMENT. RECEIPTS FOR MEALS ARE NOT REQUIRED TO BE SUBMITTED.