

## Employee Travel Expense Voucher

Name:			
Position:			
Reason for Travel:			
Destination:			
Date of Departure:		Date of Return:	

Date	Travel		Lodging	Breakfast	Lunch	Dinner	Other	Total
	Miles	Cost*						

Reimbursement guidelines are established in Board Policy 5:60-AP.

* Cost = Auto mileage x cents per mile	TOTAL REQUEST: \$
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APPROVAL:

\_\_\_\_\_  
Employee Date

\_\_\_\_\_  
Principal Date

\_\_\_\_\_  
Superintendent Date