

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: \$.535 per mile									
Date	Mileage *		Lodging	Meals			Other Item	Cost	Daily Total
	Miles	Cost		Breakfast	Lunch	Dinner			
Total									\$

Board Action: Approved Denied

Superintendent

Date

DATED:
10-20-09