

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

Superintendent

Date