

**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 Item	Cost	Daily Total
	Miles	Cost		Breakfast	Lunch	Dinner			
<b>Total</b>									\$

**Board Action:**       **Approved**       **Denied**

\_\_\_\_\_  
Superintendent

\_\_\_\_\_  
Date

Adopted: February 21, 2000

Approved: April 16, 2007