

Expense Voucher

Attach receipts if applicable

revised 1/2/2020

Name _____

Date _____

Activity/Event: _____

Reimbursement Request is for:

Mileage: total miles _____ x .575 = \$ _____

Meals: \$ _____

Gas: \$ _____

Did you drive a school vehicle? (vehicle #) _____ or personal car? _____

Other: (description of purchase):

Total Reimbursement Request:

\$

Signature: _____

Give to your administrator for approval.

_____ Approved _____ Not Approved

expenditure code _____

Administrator