



Approved _____

Expense Voucher

Name _____ Month Beginning _____, 20

Address _____ Month Ending _____, 20

City/State/Zip _____

Day of Month	LOCATIONS TRAVELED	MILES	Reason* A/B	OTHER (Attach Receipt)
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
24				
25				
26				
27				
28				
29				
30				
31				

TOTALS

			\$
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***Reason for Travel Code**

- A – Service to Special Education Student
- B – Other

Mileage @ _____ \$ _____

I certify that the foregoing is true and correct, due and unpaid.

Signature _____

Grand Total Claim \$

