GRANT COUNTY SCHOOLS TRAVEL VOUCHER

NAME:_____

HOME ADDRESS:_____

DATE	DESTINATION	PLACE A (√) IF THIS WAS AN OVERNIGHT STAY FOR MEAL REIMB.	PURPOSE OF TRAVEL	MILEAGE	MILEAGE COST .48per MILE	OTHER TRANS COST/ PARKING ATTACH RECEIPT	MEALS OVERNIGHT STAY ONLY (Itemized Receipt Required)	TIPS (LIMIT OF 15%)	LODGING (RECEIPT REQUIRED)	REGISTRATION (RECEIPT REQUIRED)	OTHER COSTS (LIST AND EXPLAIN ON BACK)	TOTAL REIMB. REQUEST
					0							0
					0							0
					0							0
					0							0
					0							0
					0							0
					0							0
					0							0
					0							0
					0							0
					0							0
					0							0
					0							0
					0							0
					0							0
					0							0
					0							0
											TOTAL	\$0.00
I hereby certify the Board of Ec	that all expense included in th ducation; and that all data furn	e above statem	ent were incurred by an employe are true and correct to the best of	e of the G f my know	irant County ledge.	Board of Ec	lucation to the disc	harge c	f official busine	ess; that they ar	e proper char	ges against
Signature:			D	Date:								
Principal's/Supervisor's Signature:			D	Date:			Review/Revised: 4/4/11					
Superintendent's/Designee's Signature:			Da	Date:								
MUNIS CO	ODE:											