GRANT COUNTY SCHOOLS TRAVEL VOUCHER

NAME:	-				
HOME ADDRESS:					

MUNIS CODE:

DATE	DESTINATION	PLACE A (√) IF THIS WAS AN OVERNIGHT STAY FOR MEAL REIMB.	PURPOSE OF TRAVEL	MILEAGE	MILEAGE COST .40 PER MILE	OTHER TRANS COST/ PARKING ATTACH RECEIPT	MEALSOVERNIGHT 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
hereby certify that all expense included in the above statement were incurred by an employee of the Grant County Board of Education to the discharge of official business; that they are proper charges against he Board of Education; and that all data furnished herewith are true and correct to the best of my knowledge.												
Signature:			D	ate:								
Principal's/Supervisor's Signature:			D	ate:		_						
Superintendent's/Designee's Signature:			Da	ate:								