## 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 .42 PER 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	
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					0							0	
					0							0	
								-			TOTAL	\$0.00	
I hereby certify the Board of E	that all expense included in the ducation; and that all data furn	ne above statem ished herewith	nent were incurred by an employe are true and correct to the best o	ee of the G f my know	Frant County ledge.	Board of Ed	ducation to the disc	harge c	of 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:			D	ate:									
MUNIS C	ODE:												