PERSONNEL
03.125 AP.22

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 .44 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
					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 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 the Board of Education; and that all data furnished herewith are true and correct to the best of my knowledge.

Signature: _____ Date: _____

Principal's/Supervisor's Signature:_____ Date: _____

Superintendent's/Designee's Signature: _____ Date: _____

Review/Revised: 4/4/11

MUNIS CODE: _____