

DWIGHT PUBLIC SCHOOLS

TRAVEL EXPENSE VOUCHER

DATE	EXPLANATION	MILES	LODGING	MEALS	OTHER
TOTAL MILES					
TIMES		.535			
TOTALS					

GRAND TOTAL \$ _____

VENDOR # _____ BUDGET CODE # _____
(Office Use Only) BUDGET DESCRIPTION _____

I hereby certify that all items of expenses included in this statement were incurred in the discharge of authorized official business; the amounts are correct; and they represent proper charges against the school district. I further certify that I have not received payment from other sources for any portion of these expenses as indicated.

CLAIMANT NAME (print) _____

CLAIMANT'S SIGNATURE _____

DATE SUBMITTED _____

APPROVED _____ DATE _____
Principal

APPROVED _____ DATE _____
Superintendent/Dist. Office

NOTE: Please attach all expense receipts to this form.

(Revised 1/2017)