CLERMONT COUNTY EDUCATIONAL SERVICE CENTER

**2400 CLERMONT CENTER DRIVE, SUITE 100**

**BATAVIA, OHIO 45103**

**ITEMIZED VOUCHER FOR LOCAL MILEAGE**

**AND PARKING EXPENSES**

**For the Month of , 20\_\_\_\_\_\_**

**Name Position\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |
| --- | --- | --- | --- |
| **DATE** | **FROM** | **TO** | **MILES** |
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|  |  |  |  |
|  | (List Parking Expenses on Back) |  **Total Miles =** |  |
|  |  |  **@ .545¢ per Mile =** |  |
|   | SUPERVISOR’S APPROVAL |  **Parking (receipt required) =** |  |
|   |  |  **TOTAL EXPENSES =** |  |

12/17

//154

# ORIGINAL REQUIRED; NO FAXES OR COPIES ACCEPTED

**PARKING EXPENSES**

|  |  |  |  |
| --- | --- | --- | --- |
| **DATE** | **LOCATION** | **NAME OF MEETING** | **AMOUNT** |
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|  |  | **TOTAL PARKING/TOLL EXPENSES** |  |

**ATTACH RECEIPTS BELOW**