

**Mulberry/Pleasant View Bi-County  
Public Schools**

**EXPENSE REIMBURSEMENT VOUCHER**

**NAME** \_\_\_\_\_ **DATE** \_\_\_\_\_

**MILEAGE CLAIM SECTION**

DATE OF TRAVEL	TRAVEL TO	TOTAL MILES	PURPOSE

**TOTAL MILES** \_\_\_\_\_ **@65.5 CENTS=** \_\_\_\_\_

**OTHER EXPENSE SECTION**

(Meals, Lodging, Reg Fees, Inst Supplies)

DATE OF EXPENSE	ITEM	COST	PURPOSE

**NOTE: Receipts must be submitted with these  
forms or payment will not be made!!**

**TOTAL OTHER** \_\_\_\_\_

\_\_\_\_\_  
**SIGNATURE OF EMPLOYEE**

\*\*\*\*\*

**FOR OFFICE USE**

**AMOUNT APPROVED:**      **MILEAGE** \_\_\_\_\_  
   **OTHER**        \_\_\_\_\_  
   **TOTAL**        \_\_\_\_\_

**APPROVED BY** \_\_\_\_\_

**DATE** \_\_\_\_\_

Lonnie Myers, Supt.