		Name:		
Meal Allowance				
Breakfast	\$8.50	Name of Conference:	Date:	
Lunch	\$12.50			
Dinner	\$18.50	Building:		
		-		
DATE	MILEAGE	DESCRIPTION	ACCT#	AMOUNT
	+			
TOTAL	0	2023 Total Miles @ 65.5 ¢ Per Mile		\$0.00
TOTAL	0	2023 Total Miles & 03.3 ¢ T ci Mile		ψ0.00
		ems of expense included on this vouche		
		e amounts are correct, and that they repr	esent proper charges again	st Bangor
Township Sc	hools.			
Employee Signature:			Date:	
j. 2 3 22 O	_			
Supervisor Signature:			Date:	
CFO Signag	ure:			

All original detailed receipts for reimbursements must be attached in order to be paid.

Please complete all information including account numbers.