

**CHOCTAW COUNTY SCHOOLS
TRAVEL VOUCHER**

Activity or Program _____

Name _____ Position _____

Address _____

Meeting Dates: From _____ to _____

Travel by Privately Owned Automobile

Date	Starting Point	Intermediate Point	Ending Point	Total Miles

TOTAL MILEAGE (Total Mileage) _____ X \$0.56 per Mile) \$ _____

Authorized Meals

Date	Breakfast	Lunch	Dinner	Total

TOTAL MEAL EXPENSE - (\$46 a day in state/most areas) \$ _____

Other Authorized Expenses:

Motel (Attach Original Paid Receipt)----- \$ _____

Registration (Attach Receipt) ----- \$ _____

Incidentals-Public Carrier, Parking, Tolls, Other (Attach Receipt) ----- \$ _____

Total Expenses ----- \$ _____

Signature of Participant _____
Date

Approved For Payment:

Signature of Program Director _____
Date

