

**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 _____ @58 CENTS= _____

**OTHER EXPENSE SECTION
(Meals, Lodging, Reg Fees, Inst Supplies)**

DATE OF EXPENSE	ITEM	COST	PURPOSE

TOTAL OTHER _____

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

SIGNATURE OF EMPLOYEE

FOR OFFICE USE

AMOUNT APPROVED: MILEAGE _____
 OTHER _____
 TOTAL _____

APPROVED BY _____

DATE _____

Lonnie Myers, Supt.