Ellsworth School Department
Travel Reimbursement Voucher

NAME: _____ PERIOD: _____

REGULAR TRAVEL		
DATE	EXPLANATION	MILES
	TOTAL MILES	

X 0.57 = $ _____

PROFESSIONAL DEVELOPMENT TRAVEL (to Workshops/Conferences)			
DATE	EXPLANATION	PO #	MILES
		TOTAL MILES	

X 0.57 = $ _____

PROFESSIONAL DEVELOPMENT TRAVEL (Hotels/Meals/Tolls - receipts required)			
DATE	EXPLANATION	PO #	COST*
		TOTAL COST (Hotels/Meals/Tolls)	

* Brkfst-$15 max
Lunch-$18 max
Dinner-$30 max

$ _____

TOTAL REIMBURSEMENT REQUESTED: $ _____

YOUR SIGNATURE: _____ DATE: _____

APPROVED BY: _____ DATE: _____

ACCOUNT #: _____

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