

WEST DE PERE SCHOOL DISTRICT

TRAVEL VOUCHER

Name _____

Destination _____ Date(s) _____

Reason for Trip _____

Mode of Transportation _____

Mileage (personal car) _____ @ _____ = _____

Mileage Rate 2017 - .535

Mileage Rate 2016 - .54

Meals (attach receipts)

Staff should exercise the same care incurring expenses as a prudent person would when traveling for personal reasons.

Breakfast \$ _____

Lunch \$ _____

Dinner \$ _____

Lodging (attach receipts) \$ _____

Miscellaneous (itemize & attach receipts)

_____ \$ _____

_____ \$ _____

TOTAL EXPENSES \$ _____

Account Number

Vendor Signature

Principal Signature

Business Manager Signature

