

EXPENSE VOUCHER
Perry-Hocking Educational Service Center

NAME _____

ADDRESS _____

SCHOOL/LOCATION/POSITION _____

PURPOSE OF TRIP (EVENT) _____

DATES IN ATTENDANCE FROM _____ TO _____

Transportation---e.g., plane ticket (*statement attached*) \$ _____

Mileage Driven FROM _____

TO _____

Total Mileage _____ X **55 ¢ per mile**
(if included on
monthly mileage record
DO NOT INCLUDE) \$ _____

Local Transportation (*taxi, bus, etc.*) \$ _____

Lodging \$ _____

Meals (*receipts must accompany voucher*) \$ _____

Registration (*statement attached*) \$ _____

Miscellaneous---e.g., parking (*provide itemized statement*) \$ _____

TOTAL \$ _____

Employee Signature Date _____

Superintendent Signature Date _____

Office Use Only	
Purchase Order No. _____	Date _____
Account Code _____	Vendor No. _____