BRIDGMAN PUBLIC SCHOOLS

Expense Reimbursement Voucher

| Name: For Period Beginning: Month & Year: | | | Building: | | | | |
|---|-------------------------------|---------|-----------|-----------------------|------------|--------------|------------|
| | | | | Ending: Month & Year: | | | |
| Destinatio | n: | | | | | | |
| Purpose o | f Business Trip: | | | | | | |
| | | Date(s) | Date(s) | Date(s) | Date(s) | Date(s) | TOTALS |
| Transport. | Mileage | | | | | | |
| | Rate x Miles | | | | | | |
| | Parking/Attach Receipt(s) | | | | | | |
| | Tolls/Attach Receipt(s) | | | | | | |
| Hotel | Room Charge/Attach Receipt(s) | | | | | | |
| | Hotel Tips | | | | | | |
| Misc. | Telephone/School Business | | | | | | |
| | Other/Attach Receipt(s) | | | | | | |
| | | | | | | | |
| Meals | Meals/Attach Receipt(s) | | | | | | |
| | Tips | | | | | | |
| | | | | | | Total | |
| | | | | | | Less Advance | |
| I certify these travel expenses were incurred by me in the transaction of authorized school business: | | | | | | Balance Due | |
| Employee | Signature: | | | | | · | |
| Supervisor Signature: | | | | | Office use | Account # | \$ |
| Business Manager or Superintendent: | | | | | Offic | Account # | \$\$ \$ |