GRANT COUNTY SCHOOLS TRAVEL VOUCHER

NAME:_____

HOME ADDRESS:_____

DATE	DESTINATION	PLACE A (√) IF THIS WAS AN OVERNIGHT STAY FOR MEAL REIMB.	PURPOSE OF TRAVEL	MILEAGE	MILEAGE COST .39 PER MILE	TRANS COST/PARKI NG ATTACH RECEIPT	MEALS OVERNIGHT STAY ONLY (ITEMIZED Receipt Required)	TIPS (LIMIT OF 15%)	LODGING (RECEIPT REQUIRED)	REGISTRATION (RECEIPT REQUIRED)	OTHER COSTS (LIST AND EXPLAIN ON BACK)	TOTAL REIMB. REQUEST	
					0							0	
					0							0	
					0							0	
					0							0	
					0							0	
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					0							0	
					0							0	
											TOTAL	\$0.00	
I hereby certify the Board of Ec	that all expense included in th ducation; and that all data furn	e above statem	ent were incurred by an employe are true and correct to the best o	ee of the G f my know	irant County ledge.	Board of Ec	lucation to the disc	harge c	f official busin	ess; that they ar	e proper char	ges against	
Signature:			D	Date:									
Principal's/Supervisor's Signature:			D	Date:			Review/Revised: 4/4/11						
Superintendent's/Designee's Signature:			Da										
MUNIS C	ODE:												