



**WEST BRANCH AREA SCHOOL DISTRICT
Travel Expense Voucher**

Employee's Name _____ **Date** _____

Meeting Location _____ **Date** _____

Educational purpose: _____

Expenses:

Mileage _____ X \$0.575 = _____
(1/6/2020) (List Below)

Meals/receipts required _____

Lodging/receipts required _____

Other/receipts required _____

TOTAL _____

* **Mileage:**

| Date | Destination From (Address) | Destination To (Address) | Total # of Miles |
|------|-------------------------------|-----------------------------|------------------------|
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* Mileage should be map requested from WBASD to destination, not from your home.

Source of funding (General, Title I, Title VI, Safe & Drug-Free Schools, Math & Science)

Employee's Signature _____ **Date** _____

Principal's Signature _____ **Date** _____

Business Manager's Signature _____ **Date** _____

Superintendent's Signature _____ **Date** _____

It is the policy of the West Branch Area School District not to discriminate on the basis of race, color, age, creed, religion, gender, sexual orientation, ancestry, national origin or handicap/disability in its educational programs, activities, or employment. Services and facilities are accessible to and usable by disabled persons as required by Title IX, Section 504 and Title VI.