



WEST BRANCH AREA SCHOOL DISTRICT
Travel Expense Voucher

Employee's Name _____ Date _____

Meeting Location _____ Date _____

Educational purpose: _____

Expenses:

Mileage _____ X \$0.58 = _____
(1/1/2022) (List Below)

Meals/receipts required _____

Lodging/receipts required _____

Other/receipts required _____

TOTAL _____

* Mileage:

Table with 4 columns: Date, Destination From (Address), Destination To (Address), Total # of Miles. The table contains 7 empty rows for data entry.

* 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 _____