



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

Employee's Name _____ **Date** _____

Meeting Location _____ **Date** _____

Educational purpose: _____

Expenses:

Mileage _____ **X** \$0.655 = _____
(1/1/2023) (List Below)

Meals/receipts required _____

Lodging/receipts required _____

Other/receipts required _____

TOTAL _____

*** Mileage:**

Date	Destination From (Address)	Destination To (Address)	Total # of Miles

* 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** _____