



WEST BRANCH AREA SCHOOL DISTRICT
Travel Expense Voucher

Employee's Name _____ Date _____

Meeting Location _____ Date _____

Educational purpose: _____

Expenses:

Mileage _____ X \$0.67 = _____
(1/1/2024) (List Below)

Meals/receipts required _____

Lodging/receipts required _____

Other/receipts required _____

TOTAL _____

* Mileage: (should be map requested from WBASD to destination, not from your home)

Table with 4 columns: Date, Destination From (Address), Destination To (Address), Total # of Miles. Contains 8 empty rows for data entry.

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.