



# North Schuylkill School District

## EXPENSE VOUCHER

(Please attach this form to your "Request for Payment")

NAME: \_\_\_\_\_

MONTH & YEAR \_\_\_\_\_

DATE	TRIP		PURPOSE OF TRIP	MILES
	From	To		
Total Mileage =		@ \$0.725 = \$		

DATE(S)	CONFERENCE/WORKSHOP	TOLLS	PARKING	MEALS	LODGING	MISC	TOTAL

**I certify the above expenses were incurred by me in the performance of my work and have attached all receipts for the above expenses.**

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
Principal Approval – Signature Required

\_\_\_\_\_  
Business Manager Approval