

**BEACH PUBLIC SCHOOL DISTRICT #3
TRAVEL EXPENSE VOUCHER**

NAME: _____ Today's Date _____

Position: _____

Vehicle Used: School Car _____ School Van _____ School Bus _____ Private Vehicle _____

Beginning Date : _____ Ending Date : _____

From: Beach to _____
Destination

Time Departed Beach: _____

Time Returned to Beach: _____

Personal Vehicle Miles: _____ Total Miles at _____ per mile \$ _____

Meals: \$ _____

Lodging: \$ _____

Misc. Expenses: \$ _____

Total: \$

Purpose of Travel & Explanation of Expenses: (REQUIRED) _____

Signature of Staff Member: _____ Date: _____

Administration Approval: _____ Date: _____

OFFICE USE ONLY

| |
|----------------|
| CODE NO. _____ |
|----------------|