

LAUREL HIGHLANDS SCHOOL DISTRICT
TRAVEL EXPENSE VOUCHER – PROFESSIONAL EMPLOYEE

NAME _____ DATE _____

SCHOOL _____

REASON FOR TRAVEL _____

My personal vehicle was used to travel _____ miles @ \$.555 = \$ _____.

I am requesting \$ _____ as reimbursement for authorized travel expenses as logged on the attached sheet (s). The above information is true to the best of my knowledge.

Signature of Employee

Travel expense will be paid at the end of the following month after application, providing proper request and permission by the administration was made prior to travel. Please submit this form the first week of every month to insure payment that month. Travel expense voucher must be submitted within two months of travel expense incurred.

NOTE: It is a State Requirement that all mileage be logged. Please log mileage and attach to this application for payment.

HOME VISIT: Please list the names and addresses on the back of the sheet.

Approved By _____
Authorized Signature

Date Paid _____

Check No _____

Proj. No _____

