



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 = _____ @ \$0.67 = \$ _____				

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