SCHOOL DISTRICT OF COLBY
Mileage/Expense Voucher

NAME: _____ PLEASE PROVIDE COMPLETE INFORMATION

This portion must be completed. Indicate use of school car or miles.

Date	Places Traveled From	To	To	Event or Reason	Miles

Date	Lodging, Conference Fees, Etc. **(These expense items must be supported by attached receipts.)**	Amount

Number of miles _____ at federal mileage rate per mile = $_____ plus expenses $_____ equals a total of $_____.

Approved by _____ Date _____
Administrators Signature