

**SCHOOL DISTRICT OF COLBY**  
**Mileage/Expense Voucher**

**NAME:** \_\_\_\_\_ **PLEASE PROVIDE COMPLETE INFORMATION**

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

<b>Date</b>	<b>From</b>	<b>Places Traveled To</b>	<b>To</b>	<b>Event or Reason</b>	<b>Miles</b>

<b>Date</b>	<b>Lodging, Conference Fees, Etc.</b> <i>(These expense items must be supported by attached receipts.)</i>	<b>Amount</b>

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

Approved by \_\_\_\_\_ Date \_\_\_\_\_  
 Administrators Signature