SCHOOL DISTRICT OF COLBY Mileage/Expense Voucher

NAME: _____ PLEASE PROVIDE COMPLETE INFORMATION

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

	Places Traveled				
Date	From	То	То	Event or Reason	Miles

Date	Lodging, Meals, 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 <u>\$</u>	· · · · · · · · · · · · · · · · · · ·	

Approved by _____ Date _____