OTTO-ELDRED SCHOOL DISTRICT
TRAVEL EXPENSE VOUCHER

NAME_____ MONTH_____

							Meals			Miscellaneous	Expense		
Date	List Locations	Reason	Miles	Lodging		Breakfast	Lunch	Dinner		Explanation	Amount		Total
		TOTAL											
				# miles x		=		Total		Reimbursement	Mileage		
								Total		Reimbursement	Claimed		

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Employee's Signature Superintendent's Signature