

CONEMAUGH TOWNSHIP AREA SCHOOL DISTRICT

TRAVEL/EXPENSE VOUCHER

NAME _____

POSITION _____

COVERAGE PERIOD _____

RATE EFFECTIVE 1/1/2021

DATES	LOCATION & DESCRIPTION OF EVENT	MILEAGE	MISCELLANEOUS--Attach Receipts	
			DESCRIPTION	AMOUNT
TOTAL MILEAGE AND OTHER EXPENSES		-		\$ -

PERSONAL MILEAGE @	0.560	per mile	\$ -
*TOTAL EMPLOYEE REIMBURSEMENT			\$ -

***ORIGINAL RECEIPTS MUST BE ATTACHED FOR REIMBURSEMENT**

I hereby certify that the travel expenses submitted, to the best of my knowledge, are true and accurate for the time period specified. I further declare that for the time period specified I was a licensed driver in the state of Pennsylvania whose license privileges were not suspended or revoked, and that I am not being reimbursed by any other entity for these expenses.

APPROVED: IMMEDIATE SUPERVISOR

EMPLOYEE SIGNATURE

DATE CONFERENCE WAS APPROVED BY BOARD:

For conferences, workshops, or field trip expenses, submit this form to the Business Office.

ACCOUNT CODE	AMOUNT
	\$ -