

EXPENSE VOUCHER FOR ATTENDING PROFESSIONAL MEETINGS

Date(s) _____

Name _____

School _____

Purpose of Trip _____

Date(s) Attended _____

Transportation from _____ (city) to _____ (city)

Return from _____ (city) to _____ (city)

LIST BELOW THE EXPENSES FOR WHICH YOU WISH TO BE REIMBURSED*

Registration* _____

Meals/Parking* _____

Lodging* _____

Transportation _____ miles at IRS rate

Other (please list)* _____

Total _____

Signature of employee requesting reimbursement: _____

Signature of Principal/Supervisor

Signature of Superintendent/Designee

*Original receipts must be attached

Rev. 3/25/22