

LOGAN COUNTY BOARD OF EDUCATION

TRAVEL EXPENSE VOUCHER

Submit monthly, attached to a properly completed *Standard Invoice*.

MONTH _____
YEAR _____

Employee Name: _____

ADDRESS: _____

DAY	TO / FOR	MILES	@ \$0.40	TOLL/PKG.	BRKFAST	LUNCH	DINNER	TIPS	ROOM	TOTAL
			\$	\$	\$	\$	\$	\$	\$	\$
TOTALS			\$	\$	\$	\$	\$	\$	\$	\$

Employee Signature: _____

Date: _____