

Travel Expense Voucher

Name of Employee				Address							Position			
DATE	FROM (LOCATION)	TO (LOCATION)	MILEAGE	CHARGE (@.41)	OTHER CHARGE	PARK	TOLL**	BREAK	MEALS LUNCH DINNER		TIPS	PHONE	ROOMS	TOTAL

**Tolls (none for District vehicles being operated in state in an official capacity)

Signature of Claimant

Date

Supervisor's Signature

Date

* Explanation of other charges.