

Revised May 25, 2006

BUFFALO ISLAND CENTRAL SCHOOLS
TRAVEL EXPENSE VOUCHER

Teacher or Employee making trip_____

Date of
Trip_____

Destination_____

Purpose of
Trip_____

Mileage at .39 per
mile_____

Meals and/or motel expense_____

(attach receipts)

SIGNATURE_____



OFFICE USE ONLY

Expense approved for this
claim_____

Date of
Approval_____