

**TRAVEL EXPENSE VOUCHER
MANCHESTER CITY SCHOOLS
MANCHESTER BOARD of EDUCATION**

Location Visited: _____

Date of Visit: _____

Purpose of Visits: _____

EXPENSES (itemize below) ATTACH ALL RECEIPTS

Transportation _____ miles @ _____ per mile = \$ _____

Meals \$ _____

Registration fee \$ _____

Lodging \$ _____

Other Expenses \$ _____

TOTAL REIMBURSEMENT CLAIM \$ _____

MAKE CHECK PAYABLE TO: _____
(Please print)

Signature _____

Address _____

City/State/Zip _____

APPROVED BY: _____

DATE APPROVED: _____

This item should be approved prior to trip and two (2) copies of the completed form should be filled out immediately after travel.

Issued 07/19/93