

VENDOR# _____

**EAST BERNSTADT INDEPENDENT SCHOOL
IN-COUNTY (LAUREL) TRAVEL EXPENSE VOUCHER**

Employee _____ **Position** _____

Date Submitted _____ **Month of** _____ **Year** _____

MO	DAY	PURPOSE OF TRAVEL	FROM	TO	PRIVATE AUTO MILEAGE	MILEAGE RATE	TOTALS
The mileage rate used will be the state mileage rate in effect at the time of travel.						GRAND TOTAL	

I hereby certify that all items of expense included in the above statement were incurred at the discharge of official business and that all items are in compliance with the Board’s travel policy, therefore any private auto allowance claimed covers use on official business of an automobile owned by me.

License Plate No. _____ My place of residence is _____.

My official headquarters is _____.

Signed _____ MUNIS Code: _____

Principal Approval _____ Date Paid: _____

Coordinator Approval _____ Check Number: _____

Superintendent Approval _____ Amount Paid: _____