

**EXPENSE VOUCHER**  
**Clarendon School District Two**

**PLEASE MAKE SURE YOU FILL OUT THE ENTIRE FORM COMPLETELY TO  
AVOID DELAY OF APPROVAL FOR REIMBURSEMENT.      THANK YOU.**

Name/Title: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Meeting: \_\_\_\_\_ Date: \_\_\_\_\_

Location: \_\_\_\_\_

Number of Miles x \$ .58 / Mile: \_\_\_\_\_

Other Expenses: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Total Paid: \_\_\_\_\_

Charge to: \_\_\_\_\_

Approved by: \_\_\_\_\_  
Signature Title

**\*\*\*\*NOTE\*\*\*\***

**Please attach ALL receipts for meals, lodging, parking etc. in date order. Also be reminded that meals are reimbursed at an amount not to exceed \$10.00 for breakfast, \$10.00 for lunch and \$20.00 for dinner.**

**Thank you.**