

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 \$.565 / 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.