2024-2025
TRAVEL EXPENSE VOUCHER

_____
Name

Date of Travel	Starting Point	Destination	Purpose	Total Mileage

Other Expenses – Attach Receipts

Date	Type of Expense	Amount

Total _____

Mileage Total _____
Rate Per Mile $.67
Mileage Expense Total _____
Other Expenses Total _____
Voucher Total _____

_____
Signature/Date

_____ Supervisor's Signature /Date

Updated 07/2024