2025-2026

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 $.725

Mileage Expense Total _____

Other Expenses Total _____

Voucher Total _____

_____

Signature/Date

_____ Supervisor's Signature /Date

Updated 01/2026