

# TRAVEL/MILEAGE REIMBURSEMENT VOUCHER

Employee Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_

*(An Approved Professional Meeting Travel Request Form is required for payment.)*

Funding Source - How will mileage expense be paid?			Date of Completion: _____
Organization Code	Object Code	Project Code	Purchase Order #: _____
			Invoice #: _____

DATE	TO	FROM	Reason for Travel	# OF MILES
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
24				
25				
26				
27				
28				
29				
30				
31				

TOTAL MILEAGE	0
CURRENT MILEAGE RATE	x..00
TOTAL COST	\$0.00

**Other Miscellaneous Expense**

*(ITEMIZED Receipt(s) required for payment)*

Description	Amount	Funding Source - How will expense(s) be paid?		
		Organization Code	Object Code	Project Code
<b>Total Cost</b>	<b>\$0.00</b>			

Total Reimbursement **\$0.00**

I hereby certify that the above is a correct statement of amount due from the Livingston County Board of Education for articles furnished or services rendered as itemized.

EMPLOYEE SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

BUILDING PRINCIPAL/SUPERVISOR/DESIGNEE SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

<b>BOARD OFFICE USE ONLY</b>		
PO DATED PRIOR TO PURCHASE CONFIRMATION ("OK TO PAY")	Yes _____ Yes _____	VENDOR # _____ AMOUNT PAID _____ CHECK NUMBER _____
APPROVED FOR PAYMENT SIGNATURE: _____		
Revised/Reviewed 2/18/2019		