

BIDDEFORD SCHOOL DEPARTMENT

Travel Expense Voucher

Name: _____ Date: _____

Miles Driven (personal auto) _____ Mileage Rate _____

Train, Plane, Bus _____

Destination _____

Purposg _____

Tolls & Parking _____

Meals _____ Lodging _____

Phones & Miscellaneous _____

Signed: _____ Date: _____ Total: _____

Approved for Payment	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____	_____
			Signature of Superintendent / Designee	Date