

BIDDEFORD SCHOOL DEPARTMENT

TRAVEL EXPENSE VOUCHER

Name: _____ Date: _____

Miles Driven (personal auto) _____ Mileage Rate _____

Train, Plane, Bus _____

Destination _____

Purpose _____

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

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