

INDEPENDENT SCHOOL DISTRICT 146
EMPLOYEE BUSINESS EXPENSE VOUCHER

Revised 1/1/13

Date	Destination & Purpose of Trip	Non-overnight			Overnight				Miles	Incidentals	
		Bkfst	Lunch	Dinner	Bkfst	Lunch	Dinner	Lodging		Description	Cost
		\$	\$	\$	\$	\$	\$	\$			\$
TOTALS		\$	\$	\$	\$	\$	\$	\$		@ .565 = \$	
GRAND TOTALS		Taxable \$			Non-Taxable \$						

Meal Reimbursement Maximum: \$9.00, \$12.00, \$23.00; Attach original, detailed receipt.

I declare that this claim is just and true and that no part of said claim has been paid.

Printed Name _____

Signed _____

Date _____

Approved _____

Date _____

Code: _____