

INDEPENDENT SCHOOL DISTRICT 146
EMPLOYEE BUSINESS EXPENSE VOUCHER

Revised 7/1/24

Date	Destination & Purpose of Trip	Non-overnight			Overnight				Miles	Incidentals		
		Bkfst	Lunch	Dinner	Bkfst	Lunch	Dinner	Lodging		Description	Cost	
		\$	\$	\$	\$	\$	\$	\$			0	
TOTALS		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		@ .67 = \$		
GRAND TOTALS		Taxable \$			Non-Taxable \$							\$ -

Meal Reimbursement Maximum: \$10.00, \$15.00, \$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: _____