TRAVEL/EXPENSE VOUCHER

CHESAPEAKE CONFERENCE
Office of Education

Name ________________________________

Address ________________________________

City __________________ State _____ Zip _____

Please Check:

[ ] Convention or In-Service
[ ] Curriculum Committee
[ ] ENVoY
[ ] Moving
[ ] Principals’ Council (for principals not receiving an administrative allowance)
[ ] School Evaluation
[ ] Other: ____________________________

(Use separate voucher for each event.)

Date ___________________________

Miles from __________________________ to __________________________

Total mileage ____ X 42 cents $ __________

Motel: Number of nights _____ (PLEASE ATTACH RECEIPTS) _________

Per Diem: Number of days ______

Moving Allowance

Tolls

Other ____________________________________________________________

_______________________________________________________________

TOTAL _________

_______________________________________________________________

AUTHORIZED BY: ________________________________ DATE: ________________