WOODLAND HILLS SCHOOL DISTRICT
TRAVEL AND EXPENSE VOUCHER

Name _____

Month_____ School Year_____

Home School _____

DATE	PURPOSE	DESTINATION	TOTAL MILES	OTHER EXPENSES Description	Amount
		TOTAL ALL PAGES			

ACCT/ASN# TO BE CHARGED:_____
(Must be completed for reimbursement)

*All Parking, Tolls, etc., Must Have RECEIPTS

I certify that the above mileage was traveled and other expenses incurred as a necessary part of my employment responsibilities.

SIGNED:_____ DATE:_____
Employee

APPROVED:_____ DATE:_____
Supervisor

APPROVED:_____ DATE:_____
Superintendent/Asst. Superintendent

BUSINESS OFFICE USE ONLY

Total miles approved for payment
_____@_____per mile.

Mileage $_____
Other Expenses $_____
Total Approved $_____

By _____ Date_____

IMPORTANT PLEASE PRINT ON GOLDENROD COLORED PAPER TO SUBMIT TO BUSINESS OFFICE