REV. 1/ 17

WELLPINIT SCHOOL DISTRICT #49 - TRAVEL EXPENSE VOUCHER

FORM-TO ONLY BE USED FOR **PRIVATE** VEHICLE IF SCHOOL VEHICLE IS NOT AVAILABLE

INSTRUCTIONS: Submit this voucher in ink.

AGENCY NAME: Wellpinit School District #49

NAME AND ADDRESS OF CLAIMANT:

MONTH/ YEAR:

DATE	TRIP INFORMATION		PURPOSE OF TRIP	AUTOMOBILE					TOTALS
	FROM	TO		MILEAGE Beginning Mileage	MILEAGE Ending Mileage	RATE (per GSA)	MILEAGE ALLOWANCE		
NOTES:				0	0	TOTALS			

I hereby certify under penalty of perjury that this is a true and correct claim for necessa
expenses incurred by me and that no payment has been received by me on account her

SIGNATURE:

DATE PRINTED:

ACCOUNT CODE					
Program/ Subprogram	Activity	Object	Year	Misc.	Amount
					TOTALS
					$0.00

DEPARTMENT HEAD APPROVAL: DATE APPROVED:

SUPERINTENDENT'S APPROVAL: DATE PROCESSED:

AUDITED AND APPROVED FOR PAYMENT BY: DATE PROCESSED: