

TRAVEL/MILEAGE REIMBURSEMENT VOUCHER

Employee Name: _____
 Address: _____
 City/State/Zip: _____

(An Approved Professional Meeting Travel Request Form is required for payment.)

Funding Source - How will mileage expense be paid?			Date of Completion: _____
Organization Code	Object Code	Project Code	Purchase Order #: _____
			Invoice #: _____

	DATE	TO	FROM	Reason for Travel	# OF MILES
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					

TOTAL MILEAGE	0
CURRENT MILEAGE RATE	x.49
TOTAL COST	\$0.00

Other Miscellaneous Expense

(ITEMIZED Receipt(s) required for payment)

Description	Amount	Funding Source - How will expense(s) be paid?		
		Organization Code	Object Code	Project Code

Total Cost **\$0.00**

Total Reimbursement **\$0.00**

I hereby certify that the above is a correct statement of amount due from the Livingston County Board of Education for articles furnished or services rendered as itemized.

EMPLOYEE SIGNATURE _____ DATE _____

BUILDING PRINCIPAL/SUPERVISOR/DESIGNEE SIGNATURE _____ DATE _____

BOARD OFFICE USE ONLY	
PO DATED PRIOR TO PURCHASE CONFIRMATION ("OK TO PAY")	VENDOR # _____ AMOUNT PAID \$ _____ CHECK NUMBER _____
APPROVED FOR PAYMENT SIGNATURE: _____	
Revised/Reviewed 2/18/2019	