North Schuylkill School District

EXPENSE VOUCHER

(Please attach this form to your "Request for Payment")

NAME:_____   **MONTH & YEAR**_____

DATE	TRIP From To	PURPOSE OF TRIP	MILES

Total Mileage = _____ @ $0.70 = $ _____

DATE(S)	CONFERENCE/WORKSHOP	TOLLS	PARKING	MEALS	LODGING	MISC	TOTAL

I certify the above expenses were incurred by me in the performance of my work and have attached all receipts for the above expenses.

_____
(Signature)

_____   _____
Principal Approval – Signature Required   **Business Manager Approval**

(1/9/2025)