

COOR ISD TRAVEL EXPENSE VOUCHER

Month _____

Name _____

School(s) Assignment _____

Address _____

Department _____

City _____ Zip _____

#	DATE	LOCATION	PURPOSE	# OF MILES	MEALS AMOUNT	OTHER EXPENSE
TOTAL						

(Attach receipt for all meals)

I hereby certify that the above amount is true and correct and that no part of the same has been paid.

For Office Use:

of Miles: _____ x .67 = _____

Check Total: _____

Check Number: _____

Date Received: _____ Date Paid: _____

Dept. Head Approval: _____

Employee Signature