MONTVILLE BOARD OF EDUCATION
OLD COLCHESTER ROAD, OAKDALE, CT 06370 Tel (860) 848-1228 Fax (860) 848-0589

Expense Voucher

Name:_____

Mail to: _____
(street) (city & state) (zip code)

Activity/Location/Dates _____

PLEASE NOTE:

Expenses must have been approved on "Request to be Absent" form. All receipts must be attached before payment can be made. Use of personal auto is authorized, as per appropriate contract, providing total cost does not exceed coach plane fare.

	Date	Mileage	Total Mileage	Line Cost
Personal Auto - calculate below		**(1)**		
Plane, Train or Bus				
Taxi, Limousine				
***Car rental**				

** Must be authorized in advance by the Business Manager.*

	Date	Amount	Line Total
Registration or Fees			
Hotel (Room & Meals)			
Meals (Not including alcohol)			
Tolls (Attach Receipts)			
Other Expenses (Explain)			
Less Personal Charges			($)
	Total Cost of Trip		$
	Less items Charged to Purchase Order		( )
	Less Advances (if any)		( )
	Amount to be Reimbursed		$

For Business Office Use Only

Account No._____ Amount $_____
Account No._____ Amount $_____
Account No._____ Amount $_____
Account No._____ Amount $_____
Account No._____ Amount $_____

Please submit receipts with voucher and sign below.
Payment cannot be made without signature.

_____ _____
Signature Date

Business Office Approval

Mileage Calculation

Conference Mileage _____
\- **Less Normal Commute Mileage** _____
= **Reimbursable Mileage** _____ **(1)**