

**MOUNT CARMEL AREA SCHOOL DISTRICT  
600 W 5TH ST  
MOUNT CARMEL PA 17851-1897**

**TRAVEL & EXPENSE VOUCHER**

**Employee Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_ **From:** \_\_\_\_\_ **To:** \_\_\_\_\_

Date	Starting Point	Places Visited	Ending Point	No. of Miles	Reason For Travel

**USE REVERSE SIDE FOR ADDITIONAL TRAVEL EXPENSES**

**MILEAGE TOTAL (This Page) \_\_\_\_\_ Enter on Line (1) below**

**Total Mileage (Front):** \_\_\_\_\_ (1)                      **Expense Reimbursement (Back)** \$ \_\_\_\_\_ (5)  
**Total Mileage (Back):** \_\_\_\_\_ (2)  
**Mileage (Both Pages):** \_\_\_\_\_ (3)    **Rate per Mile:** \$ \_\_\_\_\_ (4)    **Mileage Reimbursement:** \$ \_\_\_\_\_ (6) = (3) \* (4)  
**Total Reimbursement Due** \$ \_\_\_\_\_ (7) = (5) + (6)

**Business Office Use Only – Budget**

**Signature of Employee:** \_\_\_\_\_ **Date:** \_\_\_\_\_                      \_\_\_\_\_ \$ \_\_\_\_\_  
**Signature of Supervisor:** \_\_\_\_\_ **Date:** \_\_\_\_\_                      \_\_\_\_\_ \$ \_\_\_\_\_

Date	Starting Point	Places Visited	Ending Point	No. Of Miles	Reason For Travel

**SUB-TOTAL Mileage**  
Enter on line (2) on front \_\_\_\_\_

Date	Type of Expense (Meal, Toll, Etc.)	Reason for Expense (Meeting, Conference, Etc.)	Name of Vendor (Where Expense Made)	Amount Spent

**TOTAL EXPENSES** Enter on Line (5) on Front: \$ \_\_\_\_\_