

**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: _____	_____	\$ _____

