ASHDOWN SCHOOL DISTRICT
IN-DISTRICT TRAVEL
Expense Voucher

Name: _____ **Date:** _____

Detailed Mileage Expenditures

Date	From	To	# of Miles

Total Miles: _____
(X .40 cents per mile) X .40

Total amount due: $_____

_____
Signature of Payee

_____
Date

_____
Approved By

_____
Date