

Travel Expense Voucher
BOYLE COUNTY BOARD OF EDUCATION

Name and Address:

Date: _____

Meal reimbursement rate: (Only for approved overnight stays)
Breakfast: \$10; Lunch: \$15; Dinner: \$25

Date:		Mileage	Tolls	Lodging	B-fast	Lunch	Dinner	Other	Totals	
	To: _____	From: _____								
Purpose _____										
	To: _____	From: _____								
Purpose _____										
	To: _____	From: _____								
Purpose _____										
	To: _____	From: _____								
Purpose _____										
	To: _____	From: _____								
Purpose _____										
	To: _____	From: _____								
Purpose _____										
TOTALS FOR THIS PAGE										
MILEAGE TOTAL THIS PAGE				x .50 PER MILE						
EXPENSES FROM ALL CONTINUATION PAGES										
GRAND TOTAL										

* Mileage shall be at the rate established by the Board.

Organization	Object	Project

Signature _____

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Approved by Principal / Administrator _____