

**EXPENSE VOUCHER**  
**BATH LOCAL SCHOOLS**

STAFF MEMBER: \_\_\_\_\_

Title or Sponsor of Meeting / Workshop: \_\_\_\_\_

Destination: \_\_\_\_\_ Dates: \_\_\_\_\_

Professional Leave Approval Date: \_\_\_\_\_

DATE	SUN	MON	TUES	WED	THURS	FRI	SAT	TOTAL
Breakfast -								
Lunch -								
Dinner -								
<b>Meal reimbursement: maximum of \$50.00 /day for at least 2 meals</b>								
Lodging								
Automobile Mileage .42/mile								
Parking								
Registration								
Other - Explain								
<b>TOTALS</b>								
<b>Lodging reimbursement: maximum of \$100.00 /night unless approved by Superintendent</b>								

\***Itemized receipts** are required for meal reimbursement.

\*All receipts must be included with this form.

\*Reimbursement not to exceed the dollar amounts shown.

Signature - Staff Member \_\_\_\_\_

Date \_\_\_\_\_

Signature - Supervisor \_\_\_\_\_

Date \_\_\_\_\_

Signature - Treasurer \_\_\_\_\_

Date \_\_\_\_\_