revised: 8/2009 Southern Tioga School District, 241 Main Street, Blossburg PA 16912

EXPENSE VOUCHER

Name (Please print or type): _____

Address: _____

Building: _____ Date Submitted: _____

To Be Paid Through (Please Check one): Site Budget: _____

Federal Program: _____ Program Name: _____

Other _____ Specify _____

Date	Destination	Purpose	Miles	Lodging	Meals	Other	Total

Subtotal:

Total Miles_____ x _____per mile =

Total from Page 2

TOTAL

For Office Use Only CODE:

I certify that this report is correct and that all expenses were incurred in performance of my work

Employee Signature:	Date:
Supervisor Signature:	Date:

Southern Tioga School District, 241 Main Street, Blossburg PA 16912

EXPENSE VOUCHER – Page 2							
Date	Destination	Purpose	Miles	Lodging	Meals	Other	Total

Subtotal of page 2: _____

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