

CHOCTAW COUNTY SCHOOLS
TRAVEL VOUCHER

Activity or Program _____

Name _____ Position _____

Address _____

Meeting Dates: From _____ To _____

Travel by Privately Owned Automobile

DATE	STARTING POINT	INTERMEDIATE POINT	ENDING POINT	PURPOSE	TOTAL MILES

Total Mileage _____ (x\$0.67 per mile) _____

Authorized Meals

DATE	BREAKFAST	LUNCH	DINNER	TOTAL

Total Meal Expense (\$48/day in most areas of the state) \$ _____

Other authorizes expenses:

Motel (Attach original paid receipt)-----\$ _____

Registration (Attach receipt)-----\$ _____

Incidentals-Public carrier, parking, tolls, other (Attach receipt)----\$ _____

Total Expenses -----\$ _____

Signature of Participant

Date

Signature of Program Director

Date

[illegible]