



# LE MARS COMMUNITY SCHOOLS

## Expense Voucher

Name \_\_\_\_\_ Date of Expenditures \_\_\_\_\_

Address: \_\_\_\_\_

Purpose of Travel/Expense \_\_\_\_\_

Overnight travel  Yes  No

Date	Lodging	MEALS *			Mileage *		Misc. Expense		Total
		Breakfast	Lunch	Dinner	Miles	\$	Description	Amount	
	0								\$ -
									\$ -
									\$ -
									\$ -
									\$ -
									\$ -
									\$ -
								Total Due	\$ -

\* A maximum rates according to Board Policy, Master Contract, and/or Support Staff Rules & Regulations

Employee's signature: _____	Date _____
Supervisor's signature: _____	Date _____
Superintendent's signature: _____	Date _____

Account Code	Amount

**Itemized receipts must be attached to expense form.**

**A credit card receipt without a detailed listing of items will not be accepted.**