

SCHOOL ADMINISTRATIVE UNIT 18
Franklin School District - Hill School District
119 Central Street
Franklin, New Hampshire 03235

TRAVEL VOUCHER

for

Employee Name _____ Account # _____

| Date of Trip | Reason | Destination | # Of Miles |
|--------------|--------|-------------|------------|
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| | | |
|-----------------|---|-----------------|
| Total Miles | | |
| .53.5 per mile | x | .53.5 |
| SUBTOTAL | | \$ _____ |

Tolls & Parking:

| Date | Reason | Fee |
|------|--------|-----|
| | | |
| | | |
| | | |
| | | |

+ Total Tolls & Parking Fees _____

TOTAL AMOUNT TO BE REIMBURSED \$ _____

Employee Signature

Date

Approved by: _____
Director / Principal Date

Business Administrator Date

Superintendent Date

Note: This form may be used for mileage, tolls, and parking fees. Receipts for tolls and parking are required for reimbursement. No reimbursement will be made for accounts over expended.