

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

Total Miles
 .535 per mile **x** **.535**
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.