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

TRAVEL VOUCHER
for

Employee Name _____ Account # _____

Date of Trip	Reason	Destination	# Of Miles

Total Miles
.545 per mile **x .545**
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.

Updated: 12/14/2017