

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 \_\_\_\_\_  
 .58 per mile                 x                 .58  
**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.