ACCOUNT #_ _____580_____VENDOR#_____

# PERSONNEL TRAVEL VOUCHER – LMSD

EMPLOYEE:_____MONTH/YEAR_____TOTAL AMOUNT$_____

APPROVED: _____ TITLE:_____

**(attach Travel Authorization form)**

| Date | Destination | | Purpose | no of miles | total @ 0.54 per mile | expense(s) total amount | type expense (meal, hotel etc.) |
|---|---|---|---|---|---|---|---|
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Note:
Receipts are required for the following: Lodging and Registration.

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|---|---|
| Breakfast | 7.00 |
| Lunch | 14.00 |
| Dinner | 20.00 |

**Effective 0 2/1/2016**

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|---|---|
| | |
| Mileage | Exp. |