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.)

Note:
Receipts are required for the following: Lodging and Registration.

Breakfast	7.00
Lunch	14.00
Dinner	20.00

Effective 0 2/1/2016

Mileage	Exp.