

FAIRHAVEN PUBLIC SCHOOLS
128 Washington Street Fairhaven, Ma. 02719

EXPENSE VOUCHER FORM

For: _____ for attendance at / or trip
(Name)

to: _____
(City) (State) Date(s) of Attendance

Reason: _____

*****PLEASE ATTACH MAPQUEST**

Total Miles _____ X \$ 0.55 /mi. \$ _____

**EFFECTIVE 1/1/09

*Tolls \$ _____

*Lodging _____ x rate _____
Hotel/Motel

for _____ days \$ _____

*Meals (Itemize) _____ \$ _____
(Dates)

Miscellaneous (Itemize) \$ _____

Total Expenses \$ _____

Purchase Order #: _____

Account Number: _____

Date Submitted: _____

Approved: _____

PRINCIPAL

REVISED: FEBRUARY 2009

NOTE: Voucher must be submitted with receipts and purchase order for reimbursement