

BUENA VISTA CITY SCHOOLS

TRAVEL & EXPENSE VOUCHER

NAME:

DATE:

DESTINATION:

PURPOSE:

*NOTE Mileage rate of \$0.44/mile for personal car not reimburseable if BVCPS car available *24 hours minimum notice required for BVCPS car request*

DATE	BUSINESS NAME	HOTEL	FUEL/ MILEAGE	MEALS & TIPS	OTHER	DESCRIPTION	TOTAL

Signature:

ACCT#

Approval by Transportation Dept:

ACCT#

****PLEASE ATTACH ALL RECEIPTS****