TRAVEL VOUCHER
To be filled out after Request of Professional Trip is received and approved at the ESC.
DETAILED RECEIPTS MUST BE ATTACHED TO THIS FORM FOR REIMBURSEMENT.

Please print the following:

Name ______________________________________ Daytime Phone # __________________________

Home Address ______________________________________ E-Mail __________________________
Include City & Zip ______________________________________ Address ______________________

Date(s) of Trip __________________________ Destination __________________________
Conference/Mtg. Name ______________________________________

Actual Expenses:
Number of Miles at .56 cents/mile (Mapquest required for mileage reimbursement) ________ = ________________
Other (Parking, tolls, etc.) (receipts required) __________________________
Lodging (receipts required) __________________________
Meals (detailed receipts required) __________________________
Miscellaneous (receipts required) __________________________
Registration (If you paid, a receipt is required)
Was the registration prepaid by ESC? Yes No

Total __________________________

______________________________
Signature

______________________________
Approved of Director/Supervisor

This form must be in the ESC office the first week of the month for payment within the month submitted.

Revised 01/04/2021 clg