

EDUCATIONAL SERVICE CENTER OF NORTHEAST OHIO

Essex Place

6393 Oak Tree Blvd., Independence, OH 44131

Phone: 216-524-3000 Fax: 216-524-3683

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 <i>Include City & Zip</i>	_____	E-Mail Address	_____
Date(s) of Trip Conference/Mtg. Name	_____	Destination	_____

Actual Expenses:

Number of Miles at .56 cents/mile <i>(Mapquest required for mileage reimbursement)</i>	_____	=	_____
Other (Parking, tolls, etc.) <i>(receipts required)</i>	_____		_____
Lodging <i>(receipts required)</i>	_____		_____
Meals <i>(detailed receipts required)</i>	_____		_____
Miscellaneous <i>(receipts required)</i>	_____		_____
Registration <i>(If you paid, a receipt is required)</i>	_____		_____
Was the registration prepaid by ESC?	Yes	No	<input type="checkbox"/>
		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.