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  Include City & Zip |  | E-Mail 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*