

**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** \_\_\_\_\_ **E-Mail** \_\_\_\_\_  
*Include City & Zip* \_\_\_\_\_ **Address** \_\_\_\_\_  
**Date(s) of Trip** \_\_\_\_\_ **Destination** \_\_\_\_\_  
**Conference/Mtg.** \_\_\_\_\_  
**Name** \_\_\_\_\_

**Actual Expenses:**

Number of Miles at .67 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)* \_\_\_\_\_  

<i>Was the registration prepaid by ESC?</i>	Yes	No	<input type="checkbox"/>
		<b>Total</b>	_____

\_\_\_\_\_  
*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.***