PREAPPROVAL FOR TRAVEL: _____ SIGNATURE OF SUPERVISOR _____ DATE

NAME: _____ **DESTINATION:** _____ **DATES OF TRAVEL:** _____

** Travel vouchers must be submitted within 30 days of travel. **

Mayfield Independent Travel Expense Voucher

Mileage rate: $ 0.40

Name: _____ **Address:** _____ **City:** _____ **State:** _____

DATE	LOCATION & PURPOSE		MILEAGE		FOOD			LODGING	REGISTRATION	OTHER	TOTAL
			# OF MILES	$ Amount	Meals	Tips*	Allowable tips				
				$ -			$ -				$ -
				$ -			$ -				$ -
				$ -			$ -				$ -
				$ -			$ -				$ -
				$ -			$ -				$ -
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				$ -			$ -				$ -
				$ -			$ -				$ -
				$ -			$ -				$ -
		Totals	0	$ -	$ -		$ -	$ -	$ -	$ -	
									Grand Total:		$ -

*Tips in excess of 20% of the cost of food will not be approved (exception if gratuity is automatically calculated)

*Mileage will be reimbursed at the rate of forty cents (.40) per mile.

*Please attach all **ITEMIZED** receipts for expense reimbursement. Expenses without itemized receipts will **not** be reimbursed.

*Credit card receipts must be confirmed with itemized receipts for all purchases.

Code	Amount
	$ -

Employee's Signature	Date

Signature of Superintendent/Designee	Date

Rev. 11/09/2015