 Southern Tioga School District, 241 Main Street, Blossburg PA 16912

EXPENSE VOUCHER

Name (Please print or type): _____

Address: _____

Building: _____ Date Submitted: _____

To Be Paid Through (Please Check one): Site Budget: _____

Federal Program: _____ Program Name: _____

Other _____ Specify _____

Date	Destination	Purpose	Miles	Lodging	Meals	Other	Total

Subtotal: _____

Total Miles_____ x _____per mile = _____

Total from Page 2 _____

TOTAL _____

For Office Use Only CODE:_____

I certify that this report is correct and that all expenses were incurred in performance of my work

Employee Signature:	Date:
Supervisor Signature:	Date:

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EXPENSE VOUCHER -- Page 2

Date	Destination	Purpose	Miles	Lodging	Meals	Other	Total

Subtotal of page 2: ______

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