MAINE SCHOOL ADMINISTRATIVE DISTRICT NO. 56
TRAVEL AND EXPENSE VOUCHER

Name:	**Date:**
Social Security #:	**Purposeof Travel:**

DATE 20______		**Explanation Of Expenditures**	**TRANSPORTATION Auto @ $.______Per Mile**			**TRANSPORTATION Other Travel**		**LODGING (Receipt Required)**		**MEALS (Receipt Required)**			**OTHER EXPENSES (Receipt Required)**		
Month	**Day**		**Miles**	**Amount**						**Meals**	**Amount**		**Item**	**Amount**	

		Total Claim:		
Employee Signature:	Fund Account:	**Cash Advance:**		
Supervisor Signature:	Fund Account:	**Balance Due District:**		
Superintendent:	Fund Account:	**Balance to Employee:**		

(Please Detail "Other Travel" and "Other Expenses" on the Reverse)