

Expense Voucher

Consultant • Captain • Team Members

Visited School _____

Address _____

By _____

Visitor _____

Address _____

- Consultant
- Team Captain
- Team Member

| TRAVEL EXPENSES | | | | | |
|-----------------------------|------|------|------|------|-------------------|
| | Date | Date | Date | Date | LINE TOTAL |
| Transportation _____ | | | | | |
| Meals _____ | | | | | |
| Lodging _____ | | | | | |
| Phone _____ | | | | | |
| Postage _____ | | | | | |
| Other (explain below) _____ | | | | | |
| GRAND TOTAL \$ _____ | | | | | |

Explain other:

Signed By _____

**SUBMIT THIS VOUCHER TO THE ADMINISTRATOR
OF THE VISITED SCHOOL WITH RECEIPTS ATTACHED.**