**Area 18 Expense Voucher**

| Name of Requester:<br><br>Service Position: | Address: | Phone Number: |
|---|---|---|

**TRAVEL**

| DATE | MILES | FROM(Location) | To(Location) | PURPOSE |
|---|---|---|---|---|
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

TOTAL MILES:_____ x $.45 per Mile = $_____

**LODGING**

| FROM(Date) | TO(Date) | LOCATION | PURPOSE | COST |
|---|---|---|---|---|
|  |  |  |  |  |
|  |  |  |  |  |

TOTAL: $_____

**MISCELLANEOUS REIMBURSEMENTS**

**\*PLEASE ATTACH RECEIPTS- Please do not mix reimbursements on same receipt with other purchase**

| DATE | DESCRIPTION | COST |
|---|---|---|
|  |  |  |
|  |  |  |
|  |  |  |

TOTAL: $_____

TOTAL TRAVEL:                          $_____

TOTAL LODGING:                        $_____

TOTAL MISCELLANEOUS              $_____

TOTAL REQUESTED REIMBURSEMENT:                 $_____

Signature:                                                    Date:_____

| DATE: | CHECK NO. | AMOUNT | CHARGED TO: | INITIALS: |
|---|---|---|---|---|
|  |  |  |  |  |