BEDFORD COUNTY SCHOOL BOARD
VOUCHER FOR REIMBURSEMENT OF TRAVEL EXPENSES

Payee Name/Address:

Social Security # _____

(1) DATE	(2) NATURE OF EXPENDITURES AND PURPOSE (Name/Place/Purpose of each visit)	(3) Mileage/Transportation (Prior Approval Required)	(4) Other Expenses (Specify Col. 2)

Fund	Function	Sub Function	Activity	Cost Center	Object

Totals

Mi $

at cMi

$

Mileage $_____

Other Expenses $_____

Grand Total $_____

_____
Payee (Signature)

_____
Cost Center Director

_____
Director of Business and Finance

Good Impressions Printing