Bradford Area School District Conference/Workshop TRAVEL EXPENSE VOUCHER

Name:					Date Submitted:					
Name of	f Conference:									
Date(s) Attended:					Location:					
, ,	List all expen	ses, includ	ing those th	at were	pre-paid. M	ust attach <i>it</i>	temized rece	ipts.		
Date	Description of Cost	Miles Traveled	\$ Trans- portation	Breakfast	Lunch	Dinner	Lodging	Registration & Misc.	TOTALS	
	Totals									
			I certify that th	ne above	expenses were i	ncurred by me	on behalf of th	e Bradford Area	School District	
					_					
Visitat					Signature of Employee Date					
					Sigr	nature of Admin	istrator	Date		
	Do not write below line	<u>. </u>			Sigr	nature of Superi	ntendent			
Account Number					TOTAL Expenses: \$					
Account Number				А	Amounts Advanced:					
					Mileage _		Chk #			
					Meals _		Chk #			
					Lodging _		Chk #			
				R	egistration _		Chk #			
					Other _		Chk #			
				Т	otal Advanced	d: \$				
Date Rec'd:				A	Amount Returned to District: \$					
-	_			А	mount Due A	ttendee: \$_				