## LAKE SHORE CENTRAL SCHOOLS

(Evans-Brant Central School District) 959 Beach Road Angola, New York 14006

## **EXPENSE VOUCHER**

Name	Name of Claimant: Date:			
Addre	ess:			
1.	Purpose of Travel:			
2.	Location:			
3.				
4.	Transportation:	Personal Auto Mi	lles x <u>54.5 Cents</u>	
		Plane		
		Train $\square$		
		Other		
5.	Registration:			
6.	Hotel Accommoda	tions:		
		(Name of Hotel/Motel) (	(Attach Receipt)	
7. <b>A</b> ttach <u>Ite</u>				
NOTE:		rsed for tax on meals; however receipts <u>must</u>	the itemized to show tax.	
8.	Other Expenses (P	lease Itemize): (i.e., parking, taxi, othe	er applicable charges)	
			TOTAL:	
	REMINDER: Att	ursable expenditures.		
The expenses claimed above represent only costs actually necessary and incurred in travel approved by the Superintendent/Board of Education.			Approved for Payment	
	r		Assistant Superintendent for Administration & Finance	
Claimant's Signature Date		Date	Code:	
			Date:	