LAKE SHORE CENTRAL SCHOOLS

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

EXPENSE VOUCHER

Name of Claimant:		Date:	Date:		
Add	ress:				
1.	Purpose of Travel:				
2.	Location:				
3.	Day(s) / Date(s): _	Day(s) / Date(s):			
4.	Transportation:	Plane □ Train □	Miles x <u>58 Cents</u>		
5.	Registration:				
6.	Hotel Accommodations: (Name of Hotel/Motel) (Attach Receipt)				
7. A ttach <u>I</u> t	temized Receipts)	<u> </u>	o. of Meals		
NOTE		rsed for tax on meals; however rece	ipts must be itemized to show tax.		
8.	Other Expenses (P	lease Itemize): (i.e., parking, ta	axi, other applicable charges) TOTAL:		
	REMINDER: Atta	ach <u>ORIGINAL</u> receipts for <u>AL</u>	<u>L</u> reimbursable expenditures.		
The expenses claimed above represent only costs actually necessary and incurred in travel approved by the Superintendent/Board of Education.		Approv	ed for Payment		
uic c	superintendent, board	of Education.		Assistant Superintendent for Administration & Finance	
Claimant's Signature Date		Code: _			
		Date: _	Date:		