# ALPENA-MONTMORENCY-ALCONA EDUCATIONAL SERVICE DISTRICT

Vendor # _____

Name _____

Department _____

Month _____

## Travel and Expense Voucher

| xx/xx/xx DATE | DESTINATION | **Mileage Reimb.** | **Gas Only Reimb.** | OTHER EXPENSES ATTACH RECEIPTS AND LIST |
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| | Total Miles | 0.00 | 0.00 | |

| **BUSINESS OFFICE USE ONLY** | | | This form must be submitted to your immediate supervisor for approval no later than 15 days after the end of the month. |
|---|---|---|---|
| | x | ÷ 20 x | |

**AMAESD INVOICE APPROVAL---BUSINESS OFFICE USE**

SIGNED: _____

ACCT #: _____

I certify the above information is true and correct to the best of my knowledge and belief.

Employee Signature _____

Supervisor Signature _____