TRAVEL/EXPENSE VOUCHER

CHESAPEAKE CONFERENCE
Office of Education

Name _____

Address _____

City _____ State _____ Zip _____

Please Check:

_____ Convention or In-Service
_____ Curriculum Committee
_____ ENVoY
_____ Moving
_____ Principals' Council (for principals not receiving an administrative allowance)
_____ School Evaluation
_____ Other: _____
Please Specify

(Use separate voucher for each event.)

Date _____

Miles from _____ to _____

Total mileage ____ X 52 cents $ _____

Motel: Number of nights _____ (PLEASE ATTACH RECEIPTS) _____

Per Diem: Number of days _____ _____

Moving Allowance _____

Tolls _____

Other _____ _____

_____ _____

_____ _____

TOTAL _____

^^*^