C.O.O.R. INTERMEDIATE SCHOOL DISTRICT

COOR ISD TRAVEL EXPENSE VOUCHER

Month_____ Name_____

School(s) Assignment _____ Address _____

Department_____ City _____ Zip _____

	DATE	LOCATION	PURPOSE	# OF MILES	MEALS AMOUNT	OTHER EXPENSE
			TOTAL			

(Attach receipt for all meals)

I hereby certify that the above amount is true and correct and that no part of the same has been paid.

_____
Employee Signature

For Office Use:

# of Miles: x .70 =

Check Total:

Check Number:

Date Received: Date Paid:

Dept. Head Approval:

Treasurer: