

Illini West High School District #307

Travel Expense Voucher – Employee

Receipts Must Be Attached

To be submitted to the Superintendent

Name:			
Position:			
Reason for Travel:			
Destination:			
Date of Departure:		Date of Return:	

Date	Travel*		Lodging	Breakfast	Lunch	Dinner	Other <small>parking, registration fees, etc.</small>	Total
	Miles	Cost						

*Auto mileage = .585 cents per mile.	TOTAL REQUEST: \$
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IRS Rate is .585 cents per mile

A copy of the processed request was returned to staff member on _____.

Principal
*Approved by Electronic Signature
 Shown Above*

Superintendent
*Approved by Electronic Signature
 Shown Above*

NOT APPROVED
BY PRINCIPAL

NOT APPROVED
BY SUPERINTENDENT