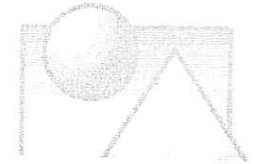


Send via e-mail

Print Form

Travel & Workshop Expense Voucher



Freedom Area School District

1702 School Street
Freedom, PA 15042

Phone: 724-775-7644
Fax: 724-775-7434
www.freedom.k12.pa.us

Name:
 Position:
 Destination:
 Dates Included:
 Purpose & Sponsor of Workshop/Travel:

| Date | Lodging/Registration/Tolls/ Meals (if applicable) | Miles | Expense Amount |
|--|---|----------------------------|----------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| Employee Signature: <input type="text"/> | | Date: <input type="text"/> | |
| | | Total Expenses | |
| | | Total Prepaid | |
| | | Balance Due/From | |

District Paid Items

I Certify that this is a true and correct accounting of expenditures and appropriate receipts are attached.

ASN

Date