

## WEST BRANCH AREA SCHOOL DISTRICT Travel Expense Voucher

1	Employee's Name	Date	
1	Meeting Location ————————————————————————————————————	Date	
	Educational purpose:		
1	Expenses:		
	Mileage X \$0.70 =		
	(1/1/2025)	(List Below)	
	Meals/receipts required		
	Lodging/receipts required		
	Other/receipts required		
	TOTAL		
	* Mileage: (should be map quested your home)	from WBASD to destination, not from	
Date	<b>Destination From</b> (Address)	<b>Destination To</b> (Address)	Total #
;	Source of funding (General, Title I, Title V	I, Safe & Drug-Free Schools, Math & Science	2)
<u>-</u> !	Employee's Signature	Date	
1	Principal's Signature	Date	
1	Business Manager's Signature	Date	
:	Superintendent's Signature	Date	

It is the policy of the West Branch Area School District not to discriminate on the basis of race, color, age, creed, religion, gender, sexual orientation, ancestry, national origin or handicap/disability in its educational programs, activities, or employment. Services and facilities are accessible to and usable by disabled persons as required by Title IX, Section 504 and Title VI.