ATLANTIC COMMUNITY SCHOOLS
EMPLOYEE EXPENSE VOUCHER

Date Submitted _____

Account Code _____

Date	*Miles*	*Total Dollars for Miles (Rate $.30/mile)*	*Destination*	*Meeting Attended (If an activity, state activity)*	*Meals**	*Lodging**	*Other**	*SUBTOTAL*
		$0.00						$0.00
		$0.00						$0.00
		$0.00						$0.00
		$0.00						$0.00
		$0.00						$0.00
		$0.00						$0.00
		$0.00						$0.00
		$0.00						$0.00
		$0.00						$0.00
		$0.00						$0.00
		$0.00						$0.00
		$0.00						$0.00
		$0.00						$0.00
		$0.00						$0.00
		$0.00						$0.00

TOTAL $ 0.00

_____ _____

(Employee Signature) (Administrator Approval Signature)

*1. Attach Receipts
2. When Using School Gasoline Credit Card, Attach Receipts
3. Other – Professional Materials, Airplane Tickets, Etc.
4. All Expense Vouchers Are To Be Approved By Building Administrator.