

# NORTHEAST KANSAS EDUCATION SERVICE CENTER

Approved \_\_\_\_\_

## Mileage/Expense Voucher

Name \_\_\_\_\_ Month Beginning \_\_\_\_\_, 20\_\_\_\_  
 Address \_\_\_\_\_ Month Ending \_\_\_\_\_, 20\_\_\_\_  
 City/State/Zip \_\_\_\_\_

Day of Month	LOCATIONS TRAVELED	MILES	Reason * OTHER	
			A/B	(Attach Receipt)
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
24				
25				
26				
27				
28				
29				
30				
31				
TOTALS				\$ _____

\*Reason for Travel Code

- A - Service To Special Education Student
- B - Other

Mileage @ \_\_\_\_\_ \$ \_\_\_\_\_

I certify that the foregoing is true and correct, due and unpaid.

Grand Total Claimed \$ \_\_\_\_\_

Signature \_\_\_\_\_