

## EXPENSE VOUCHER HINTON COMMUNITY SCHOOL

Date: \_\_\_\_\_

Claimant: \_\_\_\_\_

Acct. Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Acct. Number: \_\_\_\_\_

Quantity	Description of Item	Unit Cost	Miles Driven	Mileage Reimbursement Amount (miles x \$0.28 )	Total Reimbursement
					<b>Total:</b>

Principal Approval: \_\_\_\_\_

Superintendent Approval: \_\_\_\_\_

**\*Attach all receipts to be reimbursed.**