

**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 \$0.40) | Total Reimbursement |
|----------|---------------------|-----------|--------------|---|---------------------|
|          |                     |           |              |   |                     |
|          |                     |           |              |   |                     |
|          |                     |           |              |   |                     |
|          |                     |           |              |   |                     |
|          |                     |           |              |   |                     |
|          |                     |           |              |   |                     |
|          |                     |           |              |   |                     |
|          |                     |           |              |   | <b>Total:</b>       |

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

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

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