St. Louis Park School District 283 Revised 1/07

LOCAL BUSINESS TRAVEL VOUCHER*

--PLEASE PRINT--

Mileage request for the month of _____Submitted by _____

Date_____, 200_

* See reverse side for established miles between buildings.
* **Any other expenses must be accompanied with receipts.**

	Travel				Other Expenses	
DATE	FROM	TO	ACTIVITY	MILES	ITEM	AMOUNT

Total mileage_____ X Rate .485 = $_____

Other Expenses this Month……..$_____

GRAND TOTAL THIS MONTH…….$_____

"I declare under the penalties of law that this account, claim or demand is just and correct and that no part of it has been paid."

_____
BUDGET CODE

_____
SIGNATURE OF CLAIMANT

_____
HOME ADDRESS

_____
SIGNATURE OF SUPERVISOR

_____
CITY, STATE, ZIPCODE