

Travel and/or Expense Voucher Cinnabar School District

Payable to: _____

For the Month of: _____

MILEAGE EXPENSE

| Date | Purpose of Trip | Account # | Miles |
|--|-----------------|-----------|------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| Total number of miles 7/1/2022 (Total miles @ \$0.625 per mile) | | | - _____ |

SUPPLY REIMBURSEMENT

| Date | Items to be reimbursed - attach original receipt | Total |
|-------|--|------------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| Total | | - _____ |

| | |
|-------------------------|--|
| Total amount of Warrant | |
|-------------------------|--|

Signature of claimant

Approval Signature

Date