EXPENSE VOUCHER

FREEDOM: _____ TAMWORTH: _____ MADISON: _____ SAU 13: ____

NAME: _____ DATE SUBMITTED: _____

DATE	*DESCRIPTION*	# of Miles	Meals **	Other **

***CRIMINAL BACKGROUND FEES REIMBURSEMENT: CHECK OFF APPROPRIATE DISTRICT**

TOTAL # Miles X $0.725: _____

TOTAL Meals/Other: _____

GRAND TOTAL: _____

Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____

**** ORIGINAL RECEIPTS MUST ACCOMPANY FORM FOR REIMBURSEMENT**

SAU USE ONLY

Account Code	**Amount**
Total Paid	

Revised 02/26