

CARVER PUBLIC SCHOOLS

EXPENSE AND TRAVEL VOUCHER

Please complete and submit to the Business Office (3 Carver Square).

Employee: _____

Building/Dept. Location: _____

Date of conference: _____

Destination: _____

Total Number of miles: _____ Reimbursed at **\$ 0.70 /mile** (effective 1/2025)

Parking / Tolls: _____

Registration fees: _____

Meals: _____

Lodging: _____

Other: _____

Total: \$ _____

Account to be charged: # _____

Approved: _____

Administrator/Building Principal

**Note: For Auditing Purposes, Receipts MUST be attached in order to be reimbursed. In addition to paid receipt (s), you must include copy of method of payment (i.e., cancelled check, credit card/bank statement.)
Thank you for your cooperation!**