## Sandwich Public Schools TRAVEL EXPENSE VOUCHER FY24



<b>Employee Name:</b>
Employee Address:
Department/School:
From (date):
To (data):

Date	Description	Miles	Amount @ . 655/mi.	Fares	Hotel	Meals	Other	Total Expenses
	TOTAL							

Traveler's Signature:	Date:	Superintendent/Designee Signature:	Date: