(Effective 1/01/19)

**FOREST AREA SCHOOL DISTRICT**
**CONFERENCE/WORKSHOP/EXPENSE VOUCHER**

| DATE | CONFERENCE/WORKSHOP | ADDRESS | MILES | X .58 | MEALS | RGSTN | ROOM | MISC | TOTAL |
|---|---|---|---|---|---|---|---|---|---|
| | REASON FOR EXPENSE | | | | | | | | |
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| | | | | | | | | | |
| | TOTALS | | | | | | | | |

TOTAL EXPENSES _____

LESS ADVANCE _____

BALANCE DUE TRAVELER OR _____
RETURNED TO DISTRICT _____

APPROVED:

_____
PRINCIPAL

_____
SUPERINTENDENT

I hereby certify the above to be a true and correct statement of my expenses this _____day of_____ 20

By:_____
(Signature)

_____
(Printed or Typed)