

PAY TO: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 DATE: \_\_\_\_\_  
 TRIP TO: \_\_\_\_\_  
 PURPOSE: \_\_\_\_\_  
 DATE OF TRIP: \_\_\_\_\_

*Signature*



**WISCONSIN  
 RAPIDS  
 PUBLIC  
 SCHOOLS**

510 PEACH STREET WISCONSIN RAPIDS, WI 54494 715-423-1720

**EXPENSE VOUCHER**

Please attach all necessary receipts

MILEAGE

From: \_\_\_\_\_ To: \_\_\_\_\_  
 \_\_\_\_\_ To: \_\_\_\_\_

TOTAL MILEAGE: \_\_\_\_\_ @ Rate: \_\_\_\_\_ \$ \_\_\_\_\_

OTHER EXPENSES

Registration and Fees \$ \_\_\_\_\_

Food/Meals \$ \_\_\_\_\_

Lodging \$ \_\_\_\_\_

Other \$ \_\_\_\_\_

TOTAL EXPENSES \$ \_\_\_\_\_ \$ \_\_\_\_\_

Approved by \_\_\_\_\_

Business Administrative Assistant

Account Number \_\_\_\_\_

TOTAL OF ALL ITEMS

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