



Wisconsin Rapids Public Schools
EXPENSE VOUCHER

Date: _____
Pay to: (print name) _____
Vendor Number: _____
Signature: _____
Address: _____
City, State, Zip: _____
Trip to: _____
Purpose: _____
Date of trip: _____

Mileage

| FROM | TO | MILES | RATE | AMOUNT |
|------|----|-------|------|--------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Mileage Total _____

Other Expenses

Registration and Fees _____

Lodging _____

Other _____

Other Expenses Total _____

TOTAL CLAIM

Approved by

Budget Manager

Account Number

Out-of-District Rate = .40