

EXPENSE VOUCHER

MEDINA COUNTY SCHOOL DISTRICT
124 West Washington
Medina OH 44256

PLEASE PRINT

Payee _____ Street Address _____

City _____ State _____ Zip Code _____

DATE	SUN	MON	TUE	WED	THU	FRI	SAT	TOTAL EACH LINE
Breakfast (\$10 max)								
Lunch (\$15 max)								
Dinner (\$30 max)								
Hotel								
Taxi or Bus								
Plane or train								
Auto Mileage .555								
Parking, tolls								
Other--explain								
TOTALS								
(FORM MUST BE COMPLETED IN FULL SUPPLYING BILLS WHERE POSSIBLE)					Total Due Payee			

Destination and purpose of trip: _____

I certify the above expenses were incurred
for Board business.

Approved: (Must be approved by Superintendent)

Payee's Signature

Superintendent

Date

Date