

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 (\$25 max)								
Hotel								
Taxi or Bus								
Plane or train								
Auto Mileage 50.5¢ per mile								
Parking, tolls								
Other--explain								
<b>TOTALS</b>								
(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