

**NORTHERN BUCKEYE EDUCATION COUNCIL  
EXPENSE VOUCHER**

This expense voucher should be used after attending professional meetings or for travel outside the NBEC service territory.

Name: \_\_\_\_\_ Date Submitted: \_\_\_\_\_

Group Sponsoring: \_\_\_\_\_

Purpose of Trip: \_\_\_\_\_

Location of Meeting: \_\_\_\_\_

(City or Town)

Date(s) in Attendance:

Time and Date Leaving \_\_\_\_\_ a.m. \_\_\_\_\_ p.m. \_\_\_\_\_ 20 \_\_\_\_\_

Time and Date Returning \_\_\_\_\_ a.m. \_\_\_\_\_ p.m. \_\_\_\_\_ 20 \_\_\_\_\_

Mileage: \_\_\_\_\_ miles at .50/mile

If private auto, do not include toll road fares.

Mile reimbursement will be paid to driver only. \$ \_\_\_\_\_

Other Transportation – attach receipt, taxes included (Tolls, taxi, etc.) \$ \_\_\_\_\_

Lodging – Enclose statement

Show single rate, initialed by Reservation Clerk. Sales tax may be included. \$ \_\_\_\_\_

If sharing a room with NBEC Personnel, turn in the proportionate share of lodging expenses. If with husband or wife, turn in a bill for single rate.

Have single rate indicated on lodging bill by personnel accepting payment for lodging.

Number of Meals \_\_\_\_\_ Total Cost (Only on trips outside service area) \$ \_\_\_\_\_

(No alcohol or tips may be included)

Miscellaneous (please list) \$ \_\_\_\_\_

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I, the undersigned, do hereby acknowledge that none of the above expenses claimed for reimbursement have been reimbursed from another source.

Total Reimbursement Claimed \$ \_\_\_\_\_

Acknowledged: \_\_\_\_\_

Signature of Traveler

\_\_\_\_\_

Signature of Supervisor

Budget Account: \_\_\_\_\_

\_\_\_\_\_  
Signature of Executive Director/Designee