Coldwater Exempted Village Schools
Expense Voucher

Name _____ **Date** _____

Purpose _____

Date	From	To	Mileage Total	Mileage Expense	Meals	Hotel	Parking	Misc. Items List	Remarks

Totals

Total Amount of Reimbursement **$0.00**

All expenditures wherever possible must be accompanied by receipted vouchers or sales tickets.

Approved by:_____

Date:_____