COPPER COUNTRY INTERMEDIATE SCHOOL DISTRICT

MONTHLY TRAVEL EXPENSE VOUCHER

Name _____ Title _____

Address _____

Dates:
From _____ To: _____

Date	Description	Program	Miles Driven	Amount	Other Transportation	Meals	Lodging	Misc. Expenses	TOTAL
	Summary Totals								
						Total Amount of Voucher			

Signature: _____

Approved By: _____