

# NORTH READING PUBLIC SCHOOLS



## EMPLOYEE REIMBURSEMENT VOUCHER

Date: \_\_\_\_\_

Pay to: \_\_\_\_\_

Address or School: \_\_\_\_\_

The amount of: \_\_\_\_\_

For: \_\_\_\_\_

Date and type of activity or expense

Explanation for total:

Miles:

Starting Point

To Destination

To Starting Point

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Total Miles

\_\_\_\_\_

@ 57.5 cents

\_\_\_\_\_

Hotel:

\_\_\_\_\_

Meals:

\_\_\_\_\_

Other:

\_\_\_\_\_

Total

\_\_\_\_\_

All items appearing here need documentation, except mileage

Signature: \_\_\_\_\_

Person who is being reimbursed

Account # \_\_\_\_\_

Approved by: \_\_\_\_\_

Principal

PLEASE NOTE THAT REIMBURSEMENT VOUCHERS MUST BE  
Submitted within 60 days of activity