Rye Neck UFSD
310 Hornidge Road
Mamaroneck, NY 10543

Reimbursement, Travel & Expense Voucher

NAME: _____

DIRECTIONS:

Please complete, sign and return with **all receipts laid out on a separate sheet of paper.**

DATE OF EXPENSE	LOCATION EVENT	# Miles roundtrip	Mileage 55.5 cents	TOLLS/ PARKING	SUPPLIES	MEALS	MISC	CAR SERVICE/ TAXI	SUBTOTAL
			-						-
			-						-
			-						-
			-						-
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			-						-
TOTAL				**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**

$0.00

I certify that the expenses listed above were incurred in the course of my duties on behalf of the Rye Neck School District. No expense listed above has or will be reimbursed from any other source.

SIGNATURE: _____ **DATE:** _____

Supervisor's Signature: _____ **DATE:** _____

Business Office Approval: _____ **DATE:** _____

revised 7/2011