LIBERTY PUBLIC SCHOOLS
2727 East 201st Street South
Mounds, OK 74047

EXPENSE VOUCHER

_____
Payable

_____

Address:

☐ **School Vehicle**

☐ **Personal Vehicle**

Purpose of Voucher

☐ **Workshop**

☐ **Administration**

☐ **Other (explain)**

_____

_____

_____

DATE	DESTINATION FROM	TO	# MILES	$ MEALS	$ LODGING	$ OTHER	TOTAL FOR DAY

Total meals/lodging/other $_____
Total mileage allowance $_____

_____miles at 58 cents per mile
(Per IRS FY2019)

TOTAL REIMBURSEMENT $_____

_____ _____
Payee Signature **Date**

Office (verification of claim):

_____ _____ _____
Supervisor's Signature **Title** **Date**