

# LINDSAY INDEPENDENT SCHOOL DISTRICT

495 6th Street  
 P O. Box 145  
 Lindsay, TX 76250  
 940 668 8923  
 Fax: 940 668 2662

## MULTIPLE TRAVEL EXPENSE VOUCHER

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Purpose of Trip \_\_\_\_\_

### ITEMIZED EXPENSES

DATE	LODGING	MEALS	AIR FARE	MILEAGE			OTHER	DESCRIPTION	TOTAL
				NO MILES	@ RATE	TOTAL			
					375				
					375				
					375				
					375				
					375				
					375				
					375				
					375				
<b>TOTAL</b>					375				

### ACTUAL EXPENSES (ATTACH ALL RECEIPTS)

Total Expenses  
 Due Undersigned \$ \_\_\_\_\_

I certify that the above is a true statement of  
 expense incurred on approved travel in the interest  
 of the school district.

Account Code	Amount
_____	_____
_____	_____
_____	_____

Signature \_\_\_\_\_

Date \_\_\_\_\_

Approval \_\_\_\_\_

Date \_\_\_\_\_

Superintendent \_\_\_\_\_

Date \_\_\_\_\_