



EXPENSE VOUCHER

SOUTHEASTERN CALIFORNIA CONFERENCE
OFFICE OF EDUCATION

EVENT	DESCRIPTION	DATE	NAME _____
Convention	_____	_____	ADDRESS _____ (Street or P.O. Box) _____ (City) (State) (Zip)
In-service Meeting	_____	_____	
Other	_____	_____	
Moving	<input type="checkbox"/> by self <input type="checkbox"/> by conference	_____	

DATE VOUCHER FILLED OUT _____ SCHOOL _____

DO NOT WRITE IN SHADED AREAS. FOR OFFICE OF EDUCATION USE ONLY.

_____ MILES TO DESTINATION	RATE PER MILE \$ _____
_____ MILES FROM DESTINATION	RATE PER MILE \$ _____
NAMES OF PASSENGERS	PER DIEM: Number of days _____ \$ _____
TO	MOVING ALLOWANCE \$ _____
FROM	Please attach receipts for the following:
	MOTEL: Number of nights _____ \$ _____
	OTHER _____ \$ _____
	_____ \$ _____

AUTHORIZED BY _____

DATE _____

CHARGE TO COMPUTER NUMBER

TOTAL \$ _____