

EXPENSE VOUCHER

SOUTHEASTERN CALIFORNIA CONFERENCE

OFFICE OF EDUCATION

Name: _____

Address: _____

Street

City

State

Zip

EVENT	DESCRIPTION	DATE
Convention		
In-Service Mtg.		
Other		
Moving	<input type="checkbox"/> Self <input type="checkbox"/> by SECC	

Date Voucher Filled Out: _____ School: _____

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

_____ MILES TO DESTINATION RATE PER MILE \$0.725 \$ _____

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NOTES

PER DIEM: Number of days _____ \$ _____

MOVING ALLOWANCE..... \$ _____

Please attach receipts for the following:

MOTEL: Number of nights _____ \$ _____

OTHER _____ \$ _____

AUTHORIZED BY: _____ \$ _____

DATE: _____

CHARGE TO:

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\$ _____

TOTAL