Grant County Board of Education
Expense Voucher

Name _____ Account _____

Address _____ Title _____

Mode of Transportation

☐ Personal Auto ☐ Commercial Airline ☐ Other _____

For the month of _____ 20 _____

(STATE PURPOSE OF OUT OF COUNTY TRAVEL ON REVERSE SIDE.)

Date	From	To	Mileage	Trans. Amt.	Lodge	Meals	Misc. Exp.	Total
		Total						

State of West Virginia of Grant County to-wit:

I, the undersigned do solemnly swear that the above account is just, accurate and true, and Is claimed for cash expended for the purposes named in this statement.

_____
Signature

Taken, subscribed and sworn before me this _____ day of _____ 20 _____

My commission expires _____ , _____ 20 _____ .

_____
Notary Public