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
								$0.00
								$0.00
								$0.00
								$0.00
								$0.00
								$0.00
								$0.00
								$0.00
								$0.00
								$0.00
								$0.00
								$0.00
								$0.00
								$0.00
								$0.00
								$0.00
								$0.00
								$0.00
		Total	0	$0.00	$0.00	$0.00	$0.00	$0.00

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