Grant County Board of Education
Expense Voucher

Name _____ **Account** _____

Address _____ **Title** _____
_____ WV 26847

Mode of Transportation

☐ **Personal Auto** ☐ **Commercial Airline** ☐ **Other**

For the month of January **20** 18

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

COPY OF APPROVED TRAVEL REQUEST MUST ACCOMPANY THIS FORM FOR ALL OUT OF COUNTY TRAVEL.

Date	From	To	No. Miles	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
				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	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.

Revised: March 2018

_____
Signature