ALPENA-MONTMORENCY-ALCONA EDUCATIONAL SERVICE DISTRICT

Vendor # _____

Name _____

Department _____

Month _____

Travel and Expense Voucher

xx/xx/xx DATE	DESTINATION	**Mileage Reimb.**	**Gas Only Reimb.**	OTHER EXPENSES ATTACH RECEIPTS AND LIST
	Total Miles	0.00	0.00	

BUSINESS OFFICE USE ONLY			This form must be submitted to your immediate supervisor for approval no later than 15 days after the end of the month.
	x	÷ 20 x	

AMAESD INVOICE APPROVAL---BUSINESS OFFICE USE

SIGNED: _____

ACCT #: _____

I certify the above information is true and correct to the best of my knowledge and belief.

Employee Signature _____

Supervisor Signature _____