



CEA STAFF EXPENSE VOUCHER 2019

NAME _____

ADDRESS _____

Date	Explanation (Include business purpose and itinerary)	Public Trans.	Lodging	Meals	Parking	Mileage IRS Rate	Misc. expense	TOTAL
				B		Miles	Acct #	
				L		Rate: \$0.580		
				D		Amt 0.00	Amt	
				B		Miles	Acct #	
				L		Rate: \$0.580		
				D		Amt 0.00	Amt	
				B		Miles	Acct #	
				L		Rate: \$0.580		
				D		Amt 0.00	Amt	
Page Total		0.00	0.00	0.00		0.00	0.00	\$0.00
GRAND TOTAL (Last Page)		0.00	0.00	0.00		0.00	0.00	\$0.00

Check Stub Description:	
Expenses from _____	to _____
Event (optional) _____	

Procedure for Reimbursement:

1. Sign back of original receipt (only original, signed receipts will be accepted)
2. Staple receipt(s) to the back of this completed form
3. Send completed form with any signed receipts via inter-district mail to Becky Mahoney at Helen Baller

Staff Signature: _____ Date: _____

Authorized By: _____ Date: _____