CLARE-GLADWIN REGIONAL EDUCATION SERVICE DISTRICT
MONTHLY-DAILY RECORD LOG/TRAVEL VOUCHER

PLEASE ATTACH RECEIPTS TO WHITE COPY

EMPLOYEE NAME: _____ SOC. SEC.: _____

ADDRESS: _____

DEPARTMENT: _____ MONTH: _____

DATE	DESCRIPTION AND NATURE OF OFFICIAL BUSINESS	EXPENSES		MILES
		HOTEL/MEALS	OTHER	

_____ Total Days Worked this Month Year-to-Date Total _____ Totals _____ _____ _____

I hereby certify that all items of expense included in this statement were incurred in the discharge of authorized official business, that amounts are correct, and that they represent proper charges against the Clare-Gladwin R.E.S.D.

Total Miles _____ @ _____ = _____

Total Other Expenses _____

Total Hotel/Meals _____

Subtotal Request _____

Less Amount Advanced (P.O. # _____) _____

Total Reimbursement _____

_____
Employee's Signature Date

_____
Supervisor's Signature Date

Acct. # _____ Acct. # _____

Acct. # _____ Acct. # _____

BE SURE TO PRINT AN EXTRA COPY OF THIS FORM FOR YOUR OWN RECORDS