

WESCLIN COMMUNITY UNIT SCHOOL DIST. NO. 3

EXPENSE VOUCHER

Name of Employee _____

Name of Workshop/
Conference/Convention or
Reason for Expense _____

Date: _____

Place: _____

Mileage: _____ Parking: _____

Hotel/Motel: _____ Meals: _____

Miscellaneous: (Cab fares, registration, supplies.) _____

Attach all receipts

TOTAL EXPENSES = _____

Funding Source to be charged _____

Approved by _____ Date _____
Principal's Signature