

**CITY OF WESTFIELD
EXPENSE VOUCHER**

Date: * _____

Purchase Order # * _____
(if applicable)

NAME: * _____

VENDOR #: * _____

ADDRESS: * _____

CITY/STATE/ZIP: * _____

All starred areas on this form are required to be completed or the form will be returned to your supervisor.*

START DATE: * _____

END DATE: * _____

MEALS: _____
(attached receipts-if no receipts, meals are paid in payroll)

TOLLS: _____
(attached receipts or Fast Lane statement)

REGISTRATION: _____
(attached receipts & cancelled check or credit card statements)

LODGING: _____

MISCELLANEOUS: _____
(attached receipts & cancelled check or credit card statements)

DESTINATION: *

Description and Purpose of Trip MUST be detailed and cannot read "interschool travel" or "site visits".

PURPOSE OF TRIP * _____

MILEAGE _____ miles round trip x .525 = _____

TOTAL EXPENDITURES: * _____

AUTHORIZED BY: * _____
(Department Head, Principal or Approving Authority)

REQUESTED BY: * _____
(Signature of Person requesting reimbursement)

ACCOUNT NUMBER TO BE CHARGED: * _____

ORIGINAL RECEIPTS MUST BE ATTACHED TO EXPENSE VOUCHER WHEN SUBMITTING FOR REIMBURSEMENT. PLEASE DO NOT HIGHLIGHT RECEIPTS AS IT ERASES INK.

ORIGINAL RECEIPT AND COPIES (FRONT AND BACK) OF CANCELED CHECK MUST BE ATTACHED.