

Travel and/or Expense Voucher
Cinnabar School District

Payable to: _____
 For the Month of: _____

MILEAGE EXPENSE

Date	Purpose of Trip	Account #	Miles
Total number of miles 1/1/2023 (Total miles @ \$0.655 per mile)			-

SUPPLY REIMBURSEMENT

Date	Items to be reimbursed - attach original receipt	Total
Total		-

Total amount of Warrant	
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Signature of claimant Approval Signature Date