Print

KENTUCKY VALLEY EDUCATIONAL COOPERATIVE

Travel Expense Voucher Month _____

Name								Year:	20		Code:		
Day	**From**	**To**	**Purpose**	**Miles**	**Charge**	**Park**	**Toll**	**Break**	**Lunch**	**Dinner**	**Tip**	**Phone**	**Room**	**Total**
					0.00									0.00
					0.00									0.00
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					0.00									0.00
					0.00									0.00
					0.00									0.00
					0.00									0.00
Home Address:														
												Grand Total		$0.00

Vendor's Certification

I hereby certify that the above is a correct statement of the amount due from the above named board of education for articles furnished or services rendered as itemized.

Signed _____

Approved for Payment _____ Supervisor

_____ Executive Director

Vendors Leave Blank:

Claim Number_____

Check Number_____

Amount Paid_____

Date Paid_____