

**TRAVEL REQUEST/VOUCHER  
EXPENSE REQUEST**

**NAME** \_\_\_\_\_ **Date** \_\_\_\_\_  
(PLEASE PRINT)

Requesting permission to attend the following Shoshone School District approved activity:

Event \_\_\_\_\_

Place \_\_\_\_\_

Date \_\_\_\_\_

Mileage \_\_\_\_\_ Miles at 65 cents per mile.....\$ \_\_\_\_\_

Lodging .....\$ \_\_\_\_\_

Meals\* .....\$ \_\_\_\_\_

Other .....\$ \_\_\_\_\_

TOTAL \$ \_\_\_\_\_

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Principal or Supervisor Signature

\* Meal costs will be a maximum of:  
\$13.75 for breakfasts  
\$19.25 for lunches  
\$30.25 for dinner

Please turn in 5 days prior to departure.