

# Illini West High School District #307

## Travel Expense Voucher – Employee

**Receipts Must Be Attached**

*To be submitted to the Superintendent*

Name:			
Position:			
Reason for Travel:			
Destination:			
Date of Departure:		Date of Return:	

Date	Travel*		Lodging	Breakfast	Lunch	Dinner	Other <small>parking, registration fees, etc.</small>	Total
	Miles	Cost						

*Auto mileage = .725 cents per mile.	TOTAL REQUEST: \$
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**IRS Rate is .725 cents per mile**

*A copy of the processed request was returned to staff member on \_\_\_\_\_.*

**Principal**  
*Approved by Electronic Signature  
 Shown Above*

**Superintendent**  
*Approved by Electronic Signature  
 Shown Above*

NOT APPROVED  
BY PRINCIPAL

NOT APPROVED  
BY SUPERINTENDENT