

**LUZERNE INTERMEDIATE UNIT
EXPENSE VOUCHER
CONFERENCE TRAVEL**

Name: _____

Date: _____

Signature: _____

DATE	LOCATION	PERSONAL AUTO MILES	TRANSPORTATION		LODGING	SUBSISTENCE	PURPOSE
			TICKET	LOCAL			
TOTALS							Total Expenses:

PERSONAL AUTO: **\$.50 PER MILE**

This form must be received by your supervisor by the 6th day of the month for the preceding month.

Date

Program Director's Approval

Secretary's Approval

Funding Source/Assignment _____