

**LUZERNE INTERMEDIATE UNIT  
EXPENSE VOUCHER  
LOCAL TRAVEL**

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

DATE	MILES	FROM	TO	PURPOSE	DATE	MILES	FROM	TO	PURPOSE
<b>Subtotal:</b>					<b>Sub-Total:</b>				<b>Total:</b>

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 \_\_\_\_\_

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