

WILLIAMSPORT AREA SCHOOL DISTRICT

SUMMARY TRAVEL EXPENSE VOUCHER FORM

For travel from the first duty station to any other assigned duty station during the regular school day **within** the school district. Forms are to be submitted to the DSC at the conclusion of the following months: September – January; February – June; July – August. The daily travel log should be returned with this form. To satisfy auditors' requirements, please report mileage in **fractional parts** and attach copy of assignment schedule if applicable (itinerant teachers and nurses).

Name _____ Position _____

Reason for travel _____ Building _____

Months of (circle) Sept.–January; February–June; July–August Date _____

School Week	Miles per week	Weekly cost @ _____ ¢/mile	School Week	Miles per week	Weekly cost @ _____ ¢/mile	School Week	Miles per week	Weekly cost @ _____ ¢/mile
S 1 st			J 1 st			M 1 st		
E 2 nd			A 2 nd			A 2 nd		
P 3 rd			N 3 rd			Y 3 rd		
T 4 th				4 th			4 th	
				5 th			5 th	
O 1 st			F 1 st			J 1 st		
C 2 nd			E 2 nd			U 2 nd		
T 3 rd			B 3 rd			N 3 rd		
				4 th			E 4 th	
				5 th			5 th	
N 1 st			M 1 st			J 1 st		
O 2 nd			A 2 nd			U 2 nd		
V 3 rd			R 3 rd			L 3 rd		
				4 th			Y 4 th	
				5 th			5 th	
D 1 st			A 1 st			A 1 st		
E 2 nd			P 2 nd			U 2 nd		
C 3 rd			R 3 rd			G 3 rd		
				4 th			4 th	
				5 th			5 th	
TOTAL			TOTAL			TOTAL		

Account _____ Amount Requested \$ _____

Approved Signatures: _____
Supervisor
Asst. Supt.
Business Adm.

WILLIAMSPORT AREA SCHOOL DISTRICT

DAILY TRAVEL LOG

Name _____ Building _____

Date	From – To	Mileage

Weekly Total

Date	From – To	Mileage

Weekly Total

Date	From – To	Mileage

Weekly Total

Date	From – To	Mileage

Weekly Total

Date	From – To	Mileage

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