Early Impressions Preschool & Childcare
Travel Expense Voucher

Name:		**Title:**	
Address:		**Date Submitted:**	

Day of the Month	Destination	Purpose of Trip	Tuition or GSRP	Rate = Mileage	0.70 Amount	Lodging	Meals	Other
				0.0	$ 0.00			
				0.0	$ 0.00			
				0.0	$ 0.00			
				0.0	$ 0.00			
				0.0	$ 0.00			
				0.0	$ 0.00			
				0.0	$ 0.00			
				0.0	$ 0.00			
				0.0	$ 0.00			
				0.0	$ 0.00			
				0.0	$ 0.00			
				0.0	$ 0.00			
				0.0	$ 0.00			
				0.0	$ 0.00			
				0.0	$ 0.00			
				0.0	$ 0.00			
				0.0	$ 0.00			
				0.0	$ 0.00			
				0.0	$ 0.00			
				0.0	$ 0.00			
		TOTAL:			$ 0.00	$ 0.00	$ 0.00	$ 0.00

I certify that all reported expenses relate to the performance of my job responsibilities as an employee of Early Impressions Preschool & Childcare, are accurately reported, and do not include any expenses prohibited by company policy, administrative regulations, or State and Federal law such as alcoholic beverages jewelry, gifts, fees for golf, and donations.

TOTAL DUE: $ 0.00

Employee Signature: _____

Director Signature: _____

Reimbursement Date:_____ Reimbursemnt Check #: _____