CLOVER SCHOOL DISTRICT
Each Child, Each Day... Excellence

CLOVER SCHOOL DISTRICT
TRAVEL VOUCHER
2019

NAME: _____

DATE SUBMITTED: _____

DATE	FROM	TO	RT Mileage

Total Mileage: _____ x .58 _____

Meal Tickets Attached: _____

Other: _____ **Signature:** _____

Total Reimbursement: _____

Account #: _____ **Approved by:** _____

Revised 1/7/2019