Staple documentation supporting all expenditures (i.e., receipts, invoices, memos)

Pittsford District Teachers' Association

Expense Reimbursement Voucher

Name:
Purpose of Expense:

Date of Expense	Expense Item	Miles Driven	Amount of Expense
		Total Due	**$**

Provide full explanation of each expense item. Example: # of miles driven, tolls, parking fees, public transportation costs, hotel charge, meals, etc. Alcohol will not be reimbursed. **PLEASE CALCULATE YOUR MILEAGE EXPENSE AND INCLUDE ABOVE. 2022-2023 mileage rate = .625**

Signature _____ Date _____

Approved by _____ Date _____