

**ANW SPECIAL EDUCATION
MILEAGE EXPENSE VOUCHER**

FORWARD to Central Office on 20th day of each Month

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

BEGINNING DATE _____ ENDING DATE _____

MONTH OF	CITY	MILES A	MILES B	MILES C
20				
21				
22				
23				
24				
25				
26				
27				
28				
29				
30				
31				
MONTH OF	CITY	MILES A	MILES B	MILES C
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
	TOTAL			

*Reason for Travel
 A - Service to Special Ed Student
 B - Inservice
 C - Other (non-inservice meetings, etc.)

TOTAL CLAIMED \$ _____

I certify that the foregoing is true and correct, due and unpaid.

Signature _____

Date _____