ELMORE COUNTY BOARD OF EDUCATION
IN DISTRICT TRAVEL VOUCHER

EMPLOYEE NAME _____ DATE _____

*ADDRESS _____ (COMPLETE FOR ADDRESS CHANGE ONLY)

_____

ACCOUNT NUMBER _____

DATE	DESCRIPTION OF TRAVEL	MILES TRAVELED	AMOUNT

I hereby certify that the mileage herein claimed was in the performance of special duties for the ECBOE.

Program coordinator _____

Employee _____