

IRON COUNTY SCHOOL DISTRICT Policy Handbook	ICSD Code: _____ Expense Reimbursements Voucher Form	DLC-E
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EXPENSE REIMBURSEMENTS VOUCHER FORM
Statement

Payable to: _____
 Name _____
 Address _____
 City State Zip _____

Date	Description	Amount
	TOTAL	

PURPOSE	BUDGET INFORMATION
	Staff Travel
	Student Travel
	Other

I hereby certify that the above claim is correct and that the same has not been paid.

Approvals:

Signature of Claimant

Principal

Title

Director