

**CITY OF WESTFIELD**

**EXPENSE VOUCHER**

Date: \* \_\_\_\_\_

Purchase Order # \* \_\_\_\_\_  
*(if applicable)*

NAME: \* \_\_\_\_\_

VENDOR #: \* \_\_\_\_\_

ADDRESS: \* \_\_\_\_\_

CITY/STATE/ZIP: \* \_\_\_\_\_

**\*\*All starred areas on this form are required to be completed or the form will be returned to your supervisor.\*\***

START  
DATE: \* \_\_\_\_\_

END  
DATE: \* \_\_\_\_\_

MEALS: \_\_\_\_\_  
*(attached receipts- if no receipts, meals are paid in payroll)*

TOLLS: \_\_\_\_\_  
*(attached receipts or Fast Lane statement)*

REGISTRATION: \_\_\_\_\_  
*(attached receipts & cancelled check or credit card statements)*

LODGING: \_\_\_\_\_

MISCELLANEOUS: \_\_\_\_\_  
*(attached receipts & cancelled check or credit card statements)*

DESTINATION: \* \_\_\_\_\_  
**Description and Purpose of Trip MUST be detailed and cannot read "interschool travel" or "site visits".**

PURPOSE OF TRIP \* \_\_\_\_\_

MILEAGE \_\_\_\_\_ miles round trip x .52 = \_\_\_\_\_ \$0.00

TOTAL EXPENDITURES: \* \_\_\_\_\_ \$0.00

AUTHORIZED BY: \* \_\_\_\_\_  
*(Department Head, Principal or Approving Authority)*

REQUESTED BY: \* \_\_\_\_\_  
*(Person requesting reimbursement)*

ACCOUNT NUMBER TO BE CHARGED: \* \_\_\_\_\_

**ORIGINAL RECEIPTS MUST BE ATTACHED TO EXPENSE VOUCHER WHEN SUBMITTING FOR REIMBURSEMENT. PLEASE DO NOT HIGHLIGHT RECEIPTS AS IT ERASES INK.**