MALDEN PUBLIC SCHOOLS

Employee Expense Reimbursement Voucher

2024

Please attach mileage documents and original receipts.

Date: _____ **PO #** _____

Name: _____

Home Address: _____

_____

Department/Program: _____

Purpose of the trip: _____

Dates : From _____ _____

	Dollar Amount	Description	
Airfare:			
Registration:			
Lodging:			
Personal Meals (excluding alcohol):			
Business Meals (excluding alcohol):			
Topic(s) discussed and with whom you met:			
Shuttle/Taxi fare:			
Mileage ($0.67 / mile effective 01/01/24-12/31/24)	0.00		
Tolls:			
Supplies (specify):			
Other (specify):			
Other (specify):			
Other (specify):			
Total	0.00		

I hereby certify, under penalty of perjury, that the amounts above are true and correct and were incurred by me during necessary business on behalf of the Malden School District.

_____
Employee Signature

_____
Supervisor Signature

_____

Please submit completed voucher to:

Malden Public Schools/Business Office
Attention: Accounts Payable
77 Salem Street
Malden, MA 02148
(781) 397-6100 x 2218

Business Manager Signature

MALDEN PUBLIC SCHOOLS

Employee Mileage Log

	Locations			
Date	From	To	Miles	Purpose
		Total Miles	0.00	

Employee Signature　　　　　　　　　　Date

PLEASE INCLUDE COMPLETE ADDRESSES FOR STARTING AND ENDING LOCATIONS.
ROUND TRIP TRAVEL WILL ALWAYS START AND END AT YOUR WORK SITE.

MALDEN PUBLIC SCHOOLS

Employee Mileage Log

	Locations			
Date	**From**	**To**	**Miles**	**Purpose**
		Total Miles	0.00	

Employee Signature Date

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Employee Mileage Log

	Locations			
Date	**From**	**To**	**Miles**	**Purpose**
		Total Miles	0.00	

Employee Signature Date

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