



MALDEN PUBLIC SCHOOLS

Employee Expense Reimbursement Voucher

2025

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 (\$0.70 / mile effective 01/01/25-12/31/25)	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

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

Date	Locations		Miles	Purpose
	From	To		
Total Miles			0.00	

Employee Signature

Date

***PLEASE INCLUDE COMPLETE ADDRESSES FOR STARTING AND ENDING LOCATIONS.
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