

**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: \_\_\_\_\_ TOLLS: \_\_\_\_\_  
*(attached receipts- if no receipts, meals are paid in payroll)* *(attached receipts or Fast Lane statement)*  
REGISTRATION: \_\_\_\_\_ LODGING: \_\_\_\_\_  
*(attached receipts & cancelled check or credit card statements)*  
MISCELLANEOUS: \_\_\_\_\_  
*(attached receipts & cancelled check or credit card statements)*

**\*\*NO OTHER EXPENSES COMING\*\***

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 .56 = \_\_\_\_\_

TOTAL EXPENDITURES: \* \_\_\_\_\_

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.**