

TIOGA FIRE DEPARTMENT

Expense Voucher

Purpose: _____

From: _____

To: _____

Name: _____

Squad: (Please Circle)

Fire Ambulance Both

DATE	DESCRIPTION	HOTEL	MILEAGE	MEALS	MISC.	TOTAL
TOTAL						

Signature: _____

NOTICE: All vouchers need to be approved by Department squad leadership before your reimbursement will be paid!

SQUAD LEADER APPROVAL: _____

DATE: _____

Miles Driven: _____ X Rate: \$0.585/mile = \$ _____

(Insert amount in Mileage Column Above)

Meals Allowance Per Diem: \$100

Effective: 03/28/2022