

TIOGA FIRE DEPARTMENT Expense Voucher

PURPOSE: _____

From: _____

To: _____

Name: _____ Signature Required: _____

Squad: Fire Ambulance BOTH (Please circle)

DATE	DESCRIPTION	HOTEL	MILEAGE	MEALS	MISC.	TOTAL
TOTAL						

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

SQUAD LEADER APPROVAL: _____ DATE: _____

Miles Driven: _____ x Rate: \$.58/mile = \$ _____

(Insert amount in Mileage Column above)

Meals Allowance Per Diem \$100.00

Effective: 02-11-2019