

# TIOGA FIRE DEPARTMENT Expense Voucher

**PURPOSE:** \_\_\_\_\_

From: \_\_\_\_\_

To:

**EMPLOYEE INFORMATION:**

Name: \_\_\_\_\_ Signature Required: \_\_\_\_\_

Signature Required:

Squad:

[illegible]

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

**SQUAD LEADER APPROVAL:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

DATE:

Miles Driven:                      x              Rate: \$.45/mile =       \$

(Insert amount in Mileage Column above)

Meals Allowance Per Diem	\$30.00
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Breakfast	\$6.00
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Lunch	\$9.00
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Dinner	\$15.00
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