**COTTONWOOD, INC.**

**REIMBURSEMENT VOUCHER**

**Policy 04-013**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **DATE** | **DESTINATION AND/OR TYPE OF EXPENSE** | **MILEAGE START/ FINISH** | **TOTAL MILES** | **MILEAGE EXPENSE** | **OTHER EXPENSE** | **TOTAL EXPENSE** |
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**TOTAL**: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Any expense reimbursement over 35 days old may not be honored.**

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| --- | --- |
| **Employees Printed Name:** | **Supervisor’s Signature:** |
| **Employee’s Signature:** | **Director’s Signature:** |
| **Work Contract, House or Person Served:** | **Administrator’s Signature:** |