LAKEVIEW COLLEGE OF NURSING
Danville, Illinois 61832

2010 MONTHLY TRAVEL VOUCHER

MONTH: _____ NAME:_____

DATE	PLACE	PURPOSE	MILEAGE

**Directions: This form is to be turned in *ONCE* a Month for Mileage above and beyond traveling to LCN and home. Travel to and from Community Agencies are not reimbursed unless it is out of the norm. (For example, when Leadership and Management clinicals are in many different locations). For clarification please contact Sheila Mingee at smingee@lakeviewcol.edu.

TOTAL MILEAGE @ $.50 per mile = _____

Approved by supervisor or authorized designee:

Signature_____

Effective
01.01.10