



Form: EXP-PS

PROGRAM SUPERVISOR EXPENSE VOUCHER 2011

Complete this form and mail it to MASCD,
 19C Oak St, Wellesley, MA 02482
 by April 15

Program Supervisor	
Social Security Number	
Street Address	
City, State & Zip Code	
Home Telephone	
Day Time Telephone	
Email	

MILEAGE

Student 1 (From:	To:	)	# Miles RT	@	per mile x	Trips =	\$
Student 2 (From:	To:	)	# Miles RT	@	per mile x	Trips =	\$
Student 3 (From:	To:	)	# Miles RT	@	per mile x	Trips =	\$
Student 4 (From:	To:	)	# Miles RT	@	per mile x	Trips =	\$
Student 5 (From:	To:	)	# Miles RT	@	per mile x	Trips =	\$
<i>Please list additional trips on back if necessary.</i>							TOTAL	\$

STIPEND

Name of Student Supervised:	
Name of Student Supervised:	
Name of Student Supervised:	
Name of Student Supervised:	
Name of Student Supervised:	
Number of Students @ \$500. = TOTAL \$	
Mileage Total + Stipend Total = GRAND TOTAL \$	
Approved by: (office use)	Signature: _____ Date: _____