

**CREDIT CARD TRAVEL EXPENSE VOUCHER**  
Chimacum School District

6213F-2

<b>NAME</b>		<b>TODAY'S DATE</b>	
<b>WHICH CREDIT CARD WAS USED</b>			
<b>NAME OF EVENT / EVENT DATE</b>			
<b>TRAVEL DATES</b>			

**NO REIMBURSEMENTS CAN BE MADE WITHOUT A RECEIPT**

**EXPENSES:**      Do not use credit card for meals, if the meal was included with your conference/registration.

Ferry: \_\_\_\_\_

Public Transportation (bus, taxi, airline, etc): \_\_\_\_\_

Parking: \_\_\_\_\_

Registration Fee: \_\_\_\_\_

Other: \_\_\_\_\_

(explain)

Lodging:      \_\_\_\_\_      days @ \$ \_\_\_\_\_      per day      \_\_\_\_\_ -

Meals:	<u>Date</u>	<u>Breakfast</u>	<u>Lunch</u>	<u>Dinner</u>	
	_____	_____	_____	_____	-
	_____	_____	_____	_____	-
	_____	_____	_____	_____	-
	_____	_____	_____	_____	-
	_____	_____	_____	_____	-
	_____	_____	_____	_____	-
	_____	_____	_____	_____	-
	_____	_____	_____	_____	-
	_____	_____	_____	_____	-
	_____	_____	_____	_____	-
	_____	_____	_____	_____	-
	_____	_____	_____	_____	-
	_____	_____	_____	_____	-
	_____	_____	_____	_____	-
	_____	_____	_____	_____	-
	_____	_____	_____	_____	-
	_____	_____	_____	_____	-
	_____	_____	_____	_____	-
	_____	_____	_____	_____	-
	_____	_____	_____	_____	-
	_____	_____	_____	_____	-
	_____	_____	_____	_____	-

*"I hereby certify under penalty of perjury that this is a true and correct claim for necessary expenses incurred by me and that no payment has been received by me on account thereof."*      \$      \_\_\_\_\_

**Employee Signature:** \_\_\_\_\_

**Admin/CC Trustee Approval:** \_\_\_\_\_

**Submission Account** \_\_\_\_\_