

**EAST BERNSTADT INDEPENDENT SCHOOL
OUT-OF-COUNTY (LAUREL) TRAVEL EXPENSE VOUCHER**

Employee _____ SSN _____ Position _____

Date Submitted _____ For the month of _____ Year _____

Workshop Title _____

Date(s) of Workshop _____ Location of Workshop(s) _____

MO	DAY	TIME OF		LOCATION	WORKSHOP START TIME	Mileage Rate	Attach Receipts	With Overnight Stay	Without Overnight Stay
		DEPARTURE	RETURN			PRIVATE AUTO MILEAGE		TOLLS AND/OR PARKING	LODGING
				FROM	TO				
MO	DAY			LOCATION	WORKSHOP START TIME	PRIVATE AUTO MILEAGE	TOLLS AND/OR PARKING	LODGING	BREAKFAST-\$8 LUNCH \$9 DINNER \$19
				FROM	TO				
MO	DAY			LOCATION	WORKSHOP START TIME	PRIVATE AUTO MILEAGE	TOLLS AND/OR PARKING	LODGING	BREAKFAST-\$8 LUNCH \$9 DINNER \$19
				FROM	TO				
MO	DAY			LOCATION	WORKSHOP START TIME	PRIVATE AUTO MILEAGE	TOLLS AND/OR PARKING	LODGING	BREAKFAST-\$8 LUNCH \$9 DINNER \$19
				FROM	TO				
MO	DAY			LOCATION	WORKSHOP START TIME	PRIVATE AUTO MILEAGE	TOLLS AND/OR PARKING	LODGING	BREAKFAST-\$8 LUNCH \$9 DINNER \$19
				FROM	TO				
MO	DAY			LOCATION	WORKSHOP START TIME	PRIVATE AUTO MILEAGE	TOLLS AND/OR PARKING	LODGING	BREAKFAST-\$8 LUNCH \$9 DINNER \$19
				FROM	TO				

Meal reimbursements WITHOUT an overnight stay are taxable earnings and are required by the IRS to be paid via Payroll.

Total Mileage

TOTALS

\$	\$	\$	\$	\$
TOTAL REGISTRATION FEES				\$
Total to be reimbursed via A/P Check (include everything EXCEPT meals WITHOUT overnight stay.) 0580				\$
Total to be reimbursed via Payroll Check (include ONLY meals WITHOUT overnight stay.) 0293				\$

I hereby certify that all items of expenses included in the above statement were incurred in the discharge of official business and that all items are in compliance with the Board's travel policy (03.125), therefore any private auto allowance claimed covers use on official business of an automobile owned by me, License Plate No. _____ my place of residence is _____ My official headquarters is _____.

Employee Signature _____ ** MUNIS Org _____ Object _____ Project _____

Superintendent /Designee Approval _____

To be completed by Central Office A/P Check Date _____ Payroll Check Date _____ Original to be filed with Payroll, if applicable.
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Review/Revised: _____