TRAVEL EXPENSE VOUCHER

Chimacum School District

NAME	TODAY'S DATE	
NATURE & DESTINATION OF TRAVEL		
DATE OF TRAVEL		

WAS THIS AN OVERNIGHT STAY? **YES / NO**

Circle One

(All SAME DAY meals will be reimbursed through PAYROLL per IRS)

NO REIMBURSEMENTS CAN BE MADE WITHOUT A RECEIPT

EXPENSES:

Car: _____ **miles @ $ .575 per mile (Jan 2020)** -

Ferry: _____

Public Transportation (bus, taxi, airline, etc): **(Receipts if given to you)** _____

Parking: **(Receipts if given to you)** _____

Registration Fee: _____

Other: _____ _____
(explain)

Lodging: _____ days @ $ _____ per day -

Meals:	Date	Breakfast	Lunch	Dinner	
	Date				-
					-
					-
					-
					-
					-
					-
					-
					-
					-
					-

Amount sent to Payroll:

$ _____

"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. Approval: _____

Charge to account #: _____