Travel Expense Voucher

FUND	UNIT	FUNCTION	PROGRAM	INST. LEVEL	PROJECT	WORKSITE	EMPLOYEE ID#

Name _____ ☐ **Board Member** ☐ **Employee** ☐ **Itinerant Employee** **Date Submitted** _____
Home Address _____ **City** _____, **State** _____ **Zip** _____

DATE	TIME		LOCATION/PURPOSE	MILEAGE		FOOD	LODGING	REGISTRATION	OTHER	TOTAL
	Depart	Return		# of Miles	$ Amount	Meals*				
			Totals							
								GRAND TOTAL:		

*** Meals cannot exceed $50 per day including tips.**

Mileage will be reimbursed at the state rate.
Please attach all receipts for expense reimbursement. Reimbursement will be made monthly.

_____ _____ _____ _____
Employee's Signature *Date* *Signature of Superintendent/designee* *Date*

Review/Revised: 4/21/14