BUTLER COUNTY SCHOOLS
TRAVEL VOUCHER

DATE OF TRAVEL	TIME DEPARTING	TIME DEPARTING MEETING

NAME:_____

TRAVEL TO:_____

TRAVEL FOR:_____

MEAL ALLOWANCE: (IN STATE)

- **If less than full day - breakfast is $10.00 lunch is 15.00, evening meal is $25.00**
- **Full day – Daily per diem is $50.00**

TOTAL MEALS: (Maximum $50.00 per day) **$**_____

OUT OF STATE OR HIGH COST CITY:
(Per Federal Register)
$_____**x**_____ **days =** **$**_____

MILEAGE:

_____**x .67** **$**_____

HOTEL: (Actual Room Cost)
Receipt required upon return **$**_____

OTHER:
(Registration fees, tips, taxi, etc.
Receipts required upon return.)

_____

_____ **$**_____

TOTAL COST: **$**_____

Subject to any difference determined by verification, I certify that the above amount claimed by me for travel expenses for the period indicated is true and accurate in all respects, and that payment for any part has not been received.

TRIP DIRECT APPROVAL #:_____

	SIGNATURE	DATE
EMPLOYEE		
PRINCIPAL/ SUPERVISOR		
PROGRAM DIRECTOR (IF APPLICABLE)		
SUPERINTENDENT		

All requests for travel reimbursement (Travel Voucher or Statement of Travel) must be completed and received at the Central Office within *30 days* from the date of travel completion. Failure to submit travel reimbursement forms within the required timeframe shall result in reimbursement being denied except in extreme circumstances.