

Travel Reimbursement Voucher
Little Egg Harbor Board of Education
307 Frog Pond Rd
Little Egg Harbor, NJ 08087

Name: _____ **Department:** _____
Date Submitted: _____

Date of Travel	Start Location (School or Other Location)	End Location (School or Other Location)	Reason for Travel (workshop, training, meeting, etc.)	Mileage (Each Way)
	Start:			
	Return:			
	Start:			
	Return:			

	Total Miles
	Total Due: Mileage @ \$.47 per mile:
PLEASE ATTACH (IF APPLICABLE) All Receipts Approved Travel Pre-Approval Request Form Back Up Documentation (i.e. Event Invitation, Registration, Agenda) Post Travel Report MapQuest/Google Directions Copy of Valid NJ Insurance Identification Card	Tolls: \$
	Parking: \$
	Meals: \$
	Lodging: \$
	Airfare: \$
	Other: \$
	Grand Total Due:

Claimant's Certification & Declaration

I do solemnly declare and certify under the penalties of law, that the within bill is correct in all its particulars and that the amount therein is justly due and owing.

_____ **Claimant's Signature** _____ **Date** _____

_____ **Official Position** _____

Principal/Supervisor Authorization: _____ **Date:** _____
Account Number (s): _____

For Business Office Use Only

Purchase Order #: _____
Reviewed By: _____ **Date:** _____