

Piper USD 203 Travel Expense Voucher

Name: _____

Building: _____

Address (for reimbursement check): _____

Reason for Travel: _____

Complete in detail as follows for any items not paid directly by the District and in need of personal reimbursement: ***If travel is outside of KS, please check with the business office on per diem allowance***

Date							Totals
Lodging							
Breakfast (\$13 max/day)							
Lunch (\$15 max/day)							
Dinner (\$26 max/day)							
Taxi, bus, etc							
Tolls							
Parking							
Other							
Total							
Personal Vehicle mileage:						Mileage	
Total miles _____ X State Reimbursement Rate \$0.67 = \$_____						Total owed to you	

In order to receive reimbursement, ALL receipts must be attached to this form!

I hereby certify that the above expenses were actually incurred by me in performance of my duties as an employee or representative of Piper USD 203.

Employee Signature: _____ **Date:** _____

	Date	Approved	Not Approved	Short Account #
Principal:				
Superintendent:				
Asst. Superintendent:				
Business Manager:				
Other Budget Authorization:				