

MANSON SCHOOL DISTRICT NO. 19  
 TRAVEL EXPENSE VOUCHER  
 (Revised 02/06/02)

**Instructions:**

This form must be used for all claims for reimbursements of travel related expenditures  
 Employee must sign voucher  
 Receipts for "Other Expense" must be attached if item is more than \$10  
 Do not include hotel if direct billed  
 Do not claim reimbursement for meals provided as part of a conference fee  
 \*\*Meal reimbursement is taxable if there is no overnight stay  
 Voucher must be approved by the Administrator responsible for the budget area.

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_

Date	Time Trip Began	Time Trip Ended	Destination and Purpose of Trip	Meals (Per diem, receipts not necessary)					Receipt Required Lodging	Personal Vehicle			Other Expenses Per Detail Below	Grand total
				Breakfast 6:30a	Lunch 12:00	Dinner 6:30	Taxable Check Box	Subtotal		Miles Driven	Reimb Rate Per Mile	Mileage Reimb		

DETAIL OF OTHER EXPENSE			
Date	Paid To	For	Amount

Total Reimbursable Expenses	
Travel Advance    Check# <u>2313</u> Amount	
If Travel Advance Exceeds Reimbursable Expenses Subtract	
If reimbursable expenditure exceeds Travel Advance enter amount due employee	

Budget Approval Signature	Budget Account	\$ Amount
1)		
2)		
3)		
4)		

Employee Certification

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.

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date

Business Office Approval for payment

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date