

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	Tips*				
Totals											
GRAND TOTAL:											

* Tips in excess of \$12.00 per day will not be approved.

Mileage will be reimbursed at the quarterly rate. Total food expenses will be reimbursed up to \$60.00 per day.

**Supervisors should verify that a District vehicle was not available before approving mileage reimbursement.

Please attach all receipts for expense reimbursement. Reimbursement will be made monthly.

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

Review/Revised:6/17/2025