

Stanwood-Camano School District No. 401  
26920 Pioneer Highway, Stanwood, WA 98292

## TRAVEL VOUCHER – 2 sided form

**\*\*PLEASE RETURN COMPLETED FORM TO ACCOUNTS PAYABLE.** You will receive reimbursement on the next available payable schedule (reimbursements are done twice monthly). Please claim each travel separately.

Employee Name: \_\_\_\_\_ Reason for Reimb: \_\_\_\_\_  
(i.e. Workshop, Conference, travel between schools)

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Record miscellaneous expenses here (taxi, parking, etc.)

Day	Paid To	For	Amount

Total misc. exp. claimed above: \$ \_\_\_\_\_  
\*Detailed Receipts must be attached

Total Miles Claimed (page 2): \$ \_\_\_\_\_  
\_\_\_\_\_ miles X 0.725 per mile

Lodging (if applicable, page 2): \$ \_\_\_\_\_  
\*If the district issued a PO# or district Visa card, **do not** claim it here)

Total Overnight Meals (page 2): \$ \_\_\_\_\_  
(Receipts **not** required, but log on back must be filled out to receive per diem)

**GRAND TOTAL OF EXPENSES \$** \_\_\_\_\_

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.

Budget Code: \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_  
Employee Date

\_\_\_\_\_/\_\_\_\_\_  
Principal/Supervisor Signature Date

Settlement of this claim requires that it be fully itemized as per RCW 42.24.090

**COMPLETE BACK OF FORM**

Updated 1/2026

