Hayfield Community Schools

9 Sixth Avenue SE, Hayfield, MN 55940
http://www.hayfield.k12.mn.us

Mission: *To provide a safe learning environment that prepares, challenges, and inspires students for life*

Claim / Expense Voucher

Payable to: _____ Date: _____/_____/_____

General Description of Activity Creating Expense:

_____

_____

Indicate: Month, Day & Year

ACTIVITY						Total per Activity
Mileage (See other side)						
Gas *						
Parking *						
Lodging *						
Meals * (See other side)						
Supplies *						
Other Expenses*						
Employee Stipend						
Total						

* Receipts Required

I declare under the penalties of law that this amount, claim or demand is just and that no part of it has been paid.

Signed _____

Claimant or Agent of Claimant

FOR OFFICE USE

_____ _____

Principal's Signature & Date Superintendent's Signature & Date

UFARS CODE AMOUNT VENDOR _____

0 _____-_____-_____-_____-_____-_____ $ _____

0 _____-_____-_____-_____-_____-_____ $ _____

DATE _____

0 _____-_____-_____-_____-_____-_____ $ _____

0 _____-_____-_____-_____-_____-_____ $ _____

Mileage Detail

Detail by day — Point of Origination and Destination(s)

Date	From	To	To	To	Total Miles

Total Miles _____

Current Mileage Rate: 70 cents/mile (Revised 07/01/25)

Meal Schedule (Revised 07/01/25)

Breakfast	$16.00
Lunch	$19.00
Dinner	$28.00
All Day (Maximum paid daily)	$68.00

General Services Admin (www.gsa.gov)