NORTH MONTEREY COUNTY UNIFIED SCHOOL DISTRICT
Employee Expense Voucher

Employee: _____ **Site:** _____ **Employee Number:** _____
[REQUIRED]

ACCOUNT/AMOUNT: TO BE COMPLETED BY SCHOOL/DEPT SITE

	ACCOUNT NUMBER (S)									
FUND (2)	RESOURCE (4)	YEAR (1)	GOAL (4)	FUNCTION (4)	OBJECT (4)	SUB-OBJECT (2)	SITE (3)	LOCAL (4)	MANAGER (4)	AMOUNT

ENSURE THAT ALL RECEIPTS, MAPS, & PAPERWORK ARE ATTACHED

EXPENSES ARE DUE TO DISTRICT WITHIN 2 WEEKS

Date	Description of Expense	Amount	Reason for Expense	Miles

PLEASE CONFIRM THAT ALL EXPENSE VOUCHER PROCEDURES HAVE BEEN FOLLOWED, AND ALL NECESSARY DOCUMENTATION IS ATTACHED, PRIOR TO SUBMITTING THE VOUCHER FOR REIMBURSEMENT.

Total Expenses _____ Total Miles _____

Grand Total _____ (LIMIT $100 / Voucher) X. _____

I certify that the above items are actual and reimbursable expenses.

_____
Employee Signature Date [MM/DD/YY]

_____
Administrative Signature Date [MM/DD/YY]

_____
Other Approvals If Required Date [MM/DD/YY]

SCHOOL/DEPT. OFFICE ONLY

DATE STAMP _____

BUSINESS OFFICE ONLY

DATE STAMP _____

Revised 1/27/2026