Spartanburg School District Four

Out-of- District Travel Reimbursement Voucher

2026-2027

Name _____ Date_____

Date	Description	Miles	Other

District Car not available Total Miles_____ x .76 = $_____

District Car available but chose personal vehicle Total Miles _____ x .228 = $_____

Other Expenses (Include receipts) $ _____

Total Reimbursement $ _____

Signature: _____

I certify that the above is correct to the best of my knowledge.

_____

District Office Approval

_____

District Office Code