

## PERSONNEL

03.125 AP.22

## 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*				
<b>Totals</b>											
<b>GRAND TOTAL:</b>											

**\* Tips in excess of 15% of the cost of food will not be approved.**

Mileage will be reimbursed at ~~the quarterly rate~~40¢ per mile. Total food expenses will be reimbursed up to \$40.00 per day. Meals obtained on day trips are subject to federal and state taxes as well as teacher retirement in accordance with Board policy.

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

**Formatted:** ksba bold

*Employee's Signature*

Date \_\_\_\_\_

*Signature of Superintendent/designee*

---

*Date*