# Draft 06/02/2023

# PERSONNEL AU03.125 AP.22

Reimbursement Voucher

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| FUND | UNIT | FUNCTION | PROGRAM | INST. LEVEL | PROJECT | WORKSITE | EMPLOYEE ID# |
|  |  |  |  |  |  |  |  |

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 🞏 Board Member 🞏 Employee 🞏 Itinerant Employee Date Submitted \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, State \_\_\_\_\_\_\_\_\_\_\_\_\_ Zip \_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| DATE | TIME | LOCATION/PURPOSE | MILEAGE | FOOD | LODGING | REGISTRATION | OTHER | TOTAL |
|  | Depart | Return |  | # of Miles | $ Amount | Meals | Tips\* |  |  |  |  |
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| Totals  |  |  |  |  |  |  |  |  |
|  | GRAND TOTAL: |  |

**\* Tips in excess of 20% of the cost of food will not be approved.**

***Mileage will be reimbursed at the rate approved by the Board.***

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

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 *Employee’s Signature Date Signature of Superintendent/designee* *Date*