

DRAFT 6/5/2023

PERSONNEL

03.125 AP.22

Formatted: Centered

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*				
Totals											
<u>GRAND TOTAL:</u>											

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

Mileage will be reimbursed at the quarterly rate. Total food expenses will be reimbursed up to \$450.00 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.

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