

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

\* Tips in excess of ~~15%~~**\$12.00 per day** ~~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 \$~~4560~~**4560**.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.~~

\*\* Supervisors should verify that a district vehicle was not available before approving mileage reimbursement.

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

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Superintendent/designee

\_\_\_\_\_  
Date

Review/Revised:6/13/2023