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											
										GRAND TOTAL:	

*** Tips in excess of ~~$12.00~~20% of each meal per day will not be approved.**

Mileage will be reimbursed at the quarterly rate. Total food expenses will be reimbursed up to $60.00 per day.

**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:6/17/2025