

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 15% of the cost of food will not be approved.

Mileage will be reimbursed at 40¢ per mile.

Please attach all receipts required for expense reimbursement. Reimbursement will be made monthly other, specify _____

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

Review/Revised:3/29/01