## <u>Travel Expense</u> <u>Voucher</u>

| FUND  |                  | UNIT | FUNCTION                 | PROGRAM      |              | INST. LEVEL    |                          | PROJEC'     | T WORKSITE         | EMPLO      | EMPLOYEE ID# |  |
|---|------------------|------|--------------------------|--------------|--------------|----------------|--------------------------|-------------|--------------------|------------|--------------|--|
|   |                  |      |                          |              |              |                |                          |             |                    |            |              |  |
| Name □ Board Member □ Employee □ Itinerant Employee □ Date Submitted                                    |                  |      |                          |              |              |                |                          |             |                    |            |              |  |
| Home A  | ddress           |      |                          | City         |              |                |                          | , State ZIP |                    |            |              |  |
| DATE  | TI               | ME   | LOCATION/PURPOSE MILEAGE |              |              | FOOD           |                          | LODGING     | REGISTRATION OTHER |            | TOTAL        |  |
| DATE  | Depart Return    |      | LOCATIONIUM OSE          | # of Miles   | \$ Amount    | Meals 15%Tips* |                          | LODGING     | REGISTRATION       | OTHER      | TOTAL        |  |
|   |                  |      |                          |              |              |                |                          |             |                    |            |              |  |
|   |                  |      |                          |              |              |                |                          |             |                    |            |              |  |
|   |                  |      |                          |              |              |                |                          |             |                    |            |              |  |
|   |                  |      |                          |              |              |                |                          |             |                    |            |              |  |
|   |                  |      |                          |              |              |                |                          |             |                    |            |              |  |
|   |                  |      |                          |              |              |                |                          |             |                    |            |              |  |
|   |                  |      |                          |              |              |                |                          |             |                    |            |              |  |
|   |                  |      |                          |              |              |                |                          |             |                    |            |              |  |
|   |                  |      |                          |              |              |                |                          |             |                    |            |              |  |
|   |                  |      | Totala                   |              |              |                |                          |             |                    |            |              |  |
|   | Totals Cran Town |      |                          |              |              |                |                          |             |                    |            |              |  |
| * Tips in excess of 15% of the cost of food will not be approved.                                       |                  |      |                          |              |              |                |                          |             |                    |            |              |  |
| -   |                  |      |                          | or or mpp1 o | ., 0.22      |                |                          |             |                    |            |              |  |
| Mileage will be reimbursed at 40¢ per mile.   |                  |      |                          |              |              |                |                          |             |                    |            |              |  |
| Please attach all required receipts for expenses for reimbursement. Reimbursement will be made monthly. |                  |      |                          |              |              |                |                          |             |                    |            |              |  |
|   |                  |      |                          |              |              |                |                          |             |                    |            |              |  |
| Employee's Signature  |                  |      |                          |              | Superintendo |                | ent/designee's Signature |             | <br>Date           |            |              |  |
|   |                  | - •  | -                        |              |              |                |                          | -           | R <sub>e</sub>     | view/Revis | ed·8/21/14   |  |