



REIMBURSEMENT VOUCHER FOR TRAVEL EXPENSES

PAYABLE TO: _____

DATE: _____

THIS FORM IS DUE TO BUSINESS OFFICE BY THE 5th DAY OF THE MONTH.
Detail applicable expenditure amount(s) below; write in column totals above, right.
Attach receipts to the reverse side of this form; add pages as needed. Refer to Procedure
6213P1-Reimbursement for Travel Expenses for a description of allowable expenses.

Mileage + Fees: \$ _____

Meals: \$ _____

Lodging: \$ _____

TOTAL: \$ _____

DATE	MILEAGE	PARKING + OTHER FEES	MEALS	LODGING	FUNCTION ATTENDED (DESCRIPTION)	LOCATION

GENERAL FUND: District Office Valley K-8 PHS CVA VELC VLT Special Ed

CP FUND **ASB FUND**

I hereby certify, under penalty of perjury, that this is a true and correct claim for necessary expenses incurred by me and that no payment has been received by me on account thereof.

Approving Supervisor's Initials

Employee Signature

This reimbursement voucher is approved for submittal to the Board of Directors for action.

Superintendent or Designee Signature