

**REIMBURSEMENT 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% of the cost of food will not be approved.

*Mileage will be reimbursed at the rate approved by the Board.*

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

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