

**MANILA SCHOOL DISTRICT
VOUCHER**

FOR REIMBURSEMENT OF EXPENSES INCIDENT FOR OFFICIAL TRAVEL

EMPLOYEE NAME _____

For mileage for privately owned automobile used by me for transportation and reimbursement of authorized expenses paid by me in the discharge of official duty as per itemized statement within.

NAME OF MEETING: _____

PLACE OF MEETING: _____

FROM: _____, 20____ TO: _____, 20____

AMOUNT CLAIMED	
FOR	AMOUNT
Meals (see reimbursement table below)	
Lodging (Personally Paid with Prior Approval)	
Travel (Private Auto- .40/mile) Travel Destination:	
Travel (Public Carrier: i.e. taxi- Attach Receipts)	
Other Travel Costs:	
Total Claimed (Refund)	

_____ CHECK HERE IF OVERNIGHT STAY

_____ DEPARTURE TIME _____ RETURN TIME

NOTE:

For meal allowances, departure should occur before 7:00 a.m. for breakfast, 12:00 noon for lunch, and before 6:00 p.m. for dinner. Meals can only be reimbursed when an overnight stay has occurred. If meals are provided by hotel or conference, please indicate the date and meal provided. Do not claim any meal provided as reimbursement. Meal receipts are not required for reimbursement. All other receipts must accompany expense report. The Pre-Travel Authorization form must be turned in **before** travel for expenses to be reimbursed. Proof of meeting must be provided. Forms of proof of meeting can be a meeting notice, email, agenda, etc. with the name and date of meeting.

MAXIMUM MEAL REIMBURSEMENT RATES

Breakfast	7.00
Lunch	10.00
Dinner	<u>12.00</u>
Total	29.00

Subject to any difference determined by verification, I certify that the amount claimed by me for travel expenses for the period indicated is true and accurate in all respects, and that payment for any part has not been received.

Employee's Signature _____

Date _____

Supervisor's Signature _____

Date _____