

# Montesano School District No. 66

## Personal and Travel Expense Voucher

Name:	Title:	
Address:	Phone:	
Program to be charged:	Date of Expenditure:	

<b>INSTRUCTIONS</b>
<ol style="list-style-type: none"> <li>1. Please complete all pertinent data.</li> <li>2. Claims will not be allowed unless information requested on reverse of this voucher is shown in detail.</li> <li>3. Claims must be submitted to district office at least 10 days prior to the regular board meeting.</li> <li>4. Please attach all receipts and obtain prior approval before submitting claims for reimbursement.</li> </ol>

Mileage _____ miles traveled at \$.655 per mile	\$
Miscellaneous Expense (signed receipt required)	\$
Other Travel Expense (signed receipt required)	\$
Meals (signed receipt required)	\$
Lodging (signed receipt required)	\$
<b>ITEMIZE ALL EXPENSES ON REVERSE SIDE</b>	
<b>TOTAL REQUESTED</b>	<b>\$</b>

***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.***

▶ Employee Signature:	Date:
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**APPROVED BY:**

▶ Principal or Supervisor:	Date:
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▶ Business Manager:	Date:	Account Code:
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Day of Month	Meals			Hotel Accommodations	Miles Traveled	Location & Purpose or Reason for Trip
	Breakfast	Lunch	Dinner			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						
29						
30						
31						
<b>TOTAL</b>	\$	\$	\$	\$	\$	

 **Other Expenditures as Itemized Below - Please Attach Signed and Dated Receipts**

Date Purchased	Paid To:	For:	Amount:
<b>TOTAL</b>			\$