

TRAVEL / EXPENSE VOUCHER

Name: _____ Account Code: _____
(Do NOT Include Expenses for Others)

MILEAGE: The District pays mileage according to Google Maps.

Purpose of Travel: _____

Departed: _____
Campus Date & Time Meeting/City Mileage

Returned: _____
Meeting/City Date & Time Campus Mileage

Total Personal Car Mileage: _____ X .50 = _____

Airfare: (Lowest available airfare) **Receipt Required:** _____

Car Rental: (Not allowable unless it is more economical than a taxi to/from airport and meetings. Do not include charge for PAI-Personal Accidnet Insurance or PEC-Personal Effects Coverage.) **Receipt Required:** _____

Parking: **Receipt Required:** _____

Miscellaneous: (Itemize and attach receipts - registration fees, taxi fares, etc.) **Receipts Required:** _____

TOTAL COST OF TRANSPORTATION: _____

MEALS: Receipts Required - No Alcoholic Beverages will be reimbursed.

Allowance: Breakfast - \$10.00 }
 Lunch - \$12.00 } **OR** combinations of not to exceed \$36.00 per day.
 Dinner - \$14.00 }

Date: _____ , _____ , _____

Date: _____ , _____ , _____

Date: _____ , _____ , _____

Date: _____ , _____ , _____

Date: _____ , _____ , _____

TOTAL MEALS: _____

LODGING: (The District should have cut a separate check for hotel accommodations; however, if you paid for your own, attach your hotel receipt. The District is exempt from paying state tax and will not reimburse for it.) _____

TOTAL AMOUNT OF EXPENSE VOUCHER: _____

Certification: I hereby certify that the expenditures shown above are true and correct to the best of my knowledge and belief, and that these expenditures were incurred solely for the purpose shown above.

Requestor's Signature: _____

Supervisor's Approval: _____

Business Manager's Approval: _____