

REIMBURSEMENT OF EXPENSE VOUCHER

Name _____ Date Submitted _____
 Home Address _____ Budget Code _____

Meeting of _____ was held at _____ on _____

TRAVEL EXPENSES (for mileage attach map, ie: Mapquest, etc.)

From _____ to _____ and return

Date and time of departure: _____

Date and time of return: _____

Automobile (round trip) _____ miles @ 0.40 per mile \$ _____

Other (round trip) Please circle: Airline Train Bus (attach receipts) _____

Sub-Total \$ _____

MEALS

An overnight stay is required for reimbursement for meals. While on out of District trips a meal allowance shall be paid on a per diem basis for meals. The cost of meals consumed during such travel shall be reimbursed at a rate not to exceed forty dollars (\$40.00) per day.

Day 1 \$ _____
 Day 2 \$ _____
 Day 3 \$ _____
 Day 4 \$ _____
 Day 5 \$ _____

Sub-Total \$ _____

LODGING (Attach receipts)

_____ days @ \$ _____ per day including tax Sub-Total \$ _____

OTHER EXPENSES (Attach itemized receipts)

_____ \$ _____

_____ Sub-Total \$ _____

TOTAL \$ _____

I certify that the above expenses were incurred by me on behalf of Beechwood Board of Education and/or Beechwood Elementary School and/or Beechwood High School, and none of these expenses will be paid for or reimbursed from any other source.

Signature of Person Requesting Payment

<u>APPROVED FOR PAYMENT</u>		
PRINCIPAL _____	BUSINESS MGR _____	SUPERINTENDENT _____
DATE _____	DATE _____	DATE _____