

College Place Public Schools Monthly Travel Expense Voucher

Reimbursement to: _____

Address: _____

Instructions: Please complete all information requested on both sides of this form. Forms must be signed by you and your administrator before they are turned into the Business Office. Forms not signed by both parties will be returned.

For traveling and incidental expenses during the month of _____, 20____ as shown in detail on reverse side.

| | | |
|---|----|--|
| Meals | \$ | |
| Hotel Rooms | | |
| _____ Miles Traveled @ _____ cents per mile | | |
| Other Transportation | | |
| Sundry Expenses | | |
| TOTAL | \$ | |

PLEASE NOTE: Meals can only be claimed if an overnight stay has occurred. Meals are paid at the per diem rate and no receipts are required. To be reimbursed for meals, you must attach a copy of the training or conference agenda indicating which meals are included with the registration fee. You will not be reimbursed for those meals. Hotels are paid at the per diem rate and no receipts are required. See attached map for current per diem meals and hotel rates. For current mileage rates and mileage between cities, see attached form. For any reimbursement other than meals, hotels, and mileage, itemized receipts must be attached.

CERTIFICATION

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.

Signed: _____

Title: _____

Date: _____

(Administrator's Signature)

| |
|-------------------------------------|
| BUSINESS OFFICE |
| Vendor #: _____ |
| Budget Code: _____ |
| Budget Code: _____ |
| Budget Code: _____ |
| _____ Business Manager Signature |
| Date: _____ |

