

College Place Public Schools Expense Voucher

Reimbursement to: _____

Address: _____ City _____ State _____ Zip Code _____

Instructions: Complete information requested on both sides of this form. Forms must be signed by you and your administrator before they are submitted to 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.

Name of Conference/Training/Seminar/Workshop _____

Date(s) of Conference/Training/Seminar/Workshop _____

Registration/Tuition/Clock Hours Fee(s)	\$ _____
Total Meal Charges (from reverse side)	\$ _____
Total Hotel Room Charges (from reverse side)	\$ _____
_____ Miles traveled @ _____ cents per mile	\$ _____
Other Transportation (from reverse side)	\$ _____
Sundry Expenses (from reverse side)	\$ _____
TOTAL	\$ _____

Funding Source (WWVEA, Title 1, etc.) _____

PLEASE NOTE: Meals can only be claimed if an overnight stay has occurred. Meals are reimbursed 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 cannot be reimbursed for meals provided at the training or conference. You will be reimbursed for the actual cost of the lodging when staying at the conference site if you provide a signed and dated receipt. If you are staying at a non-conference site, then you will be reimbursed at the per diem rate, and no receipts are required. See webpage <http://www.cpps.org> for current per diem meals and hotel rates. Please attach itemized, signed and dated receipts for any reimbursement other than meals, hotels, mileage, registration/tuition fees, or sundries.

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: _____

Date: _____

(Administrator's Signature) Date

BUSINESS OFFICE

Budget Code: _____

Budget Code: _____

Budget Code: _____

Budget Code: _____

Business Manager Signature

Date: _____

Expense Voucher Worksheet

Day of Month	Meals				Hotel Expense	Miles Traveled	Location City/State	Purpose/Reason for Trip
	Breakfast	Lunch	Dinner	TOTAL				
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								
TOTAL								

Other Transportation Taxi, Airfare, Shuttle, etc. Attach signed and dated receipts					Sundry Expense Books, DVD's, Supplies, etc. Attach signed and dated receipts			
Date	From	To	Via	Total	Date	Paid To	Budget #	Total
Total					Total			