

**EXPENSE VOUCHER**

DANVILLE PUBLIC SCHOOLS

Purpose \_\_\_\_\_

I incurred the following expenses while carrying out my duties as an employee of the Danville School Board and for which I claim reimbursement:

For Month of \_\_\_\_\_

Please fill out attached Travel Log for multiple Travel dates (see page 2)

EXPENSES: Itemized receipts showing all items purchased are required. Credit card receipts will **NOT** be accepted. Tip may not exceed 15%. A maximum of \$50/day for meals & tips is allowed.

MILES TRAVELED:

1	12	22
2	13	23
3	14	24
4	15	25
5	16	26
6	17	27
7	18	28
8	19	29
9	20	30
10	21	31
11		

# of Meals \_\_\_\_\_ \$ \_\_\_\_\_

Lodging:  
# of Nights \_\_\_\_\_ \$ \_\_\_\_\_

Other (please list and attach receipts)

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

Total Miles \_\_\_\_\_ @ 53.5¢ per mile \$ \_\_\_\_\_

TOTAL REIMBURSEMENT CLAIMED \$ \_\_\_\_\_

Signature \_\_\_\_\_

Please print name \_\_\_\_\_

Date \_\_\_\_\_

Location (where check is sent) \_\_\_\_\_

Reimbursement checks are usually sent to the school. If you want your check mailed to your home, please print your complete address:

\_\_\_\_\_

-----  
Approved for Payment (Principal or Supervisor): \_\_\_\_\_

Account # \_\_\_\_\_

EXPENSE VOUCHER LOG

Please complete this page if claiming travel on multiple days.  
 (you may also submit your own variation of this log)

Month \_\_\_\_\_ Name \_\_\_\_\_

DAY OF MONTH	DESTINATION	PURPOSE
01		
02		
03		
04		
05		
06		
07		
08		
09		
10		
11		
12		
13		
14		
15		
16		
17		
18		
19		
20		
21		
22		
23		
24		
25		
26		
27		
28		
29		
30		
31		