

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 _____ @ 65.5 ¢ 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 | | |
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| 30 | | |
| 31 | | |