

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 _____ @ 62.5 ¢ 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		
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