

OUT-OF-SYSTEM TRAVEL VOUCHER

Elmore County Board of Education

\*\*\*REMINDER: Reimbursement for meals shall not exceed \$50.00 per day. A maximum of 15% tip will be reimbursed and is included in the \$50 per day. Actual itemized receipts must be provided. Credit card receipts WILL NOT be accepted for any expenses.

Name \_\_\_\_\_ Date Submitted \_\_\_\_\_

Street Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Date of Trip \_\_\_\_\_

Location/Purpose of Trip \_\_\_\_\_

Name of Conference \_\_\_\_\_

I. Transportation by Personal Vehicle – Include a Google Map verification for driving your own vehicle.

From \_\_\_\_\_ To \_\_\_\_\_ And Return

Total Miles \_\_\_\_\_ At \$.545 Per Mile = \$ \_\_\_\_\_

Transportation by Air

From \_\_\_\_\_ To \_\_\_\_\_ And Return

Total Airfare = \$ \_\_\_\_\_

TOTAL TRANSPORTATION \$ \_\_\_\_\_

Subsistence Expenses

Table with 6 columns: Date, Hotel/Motel, Breakfast, Lunch, Dinner, Total\*. Each row has a dollar sign followed by a blank line for input.

Miscellaneous Expenses (Registration, fees, etc.)

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

TOTAL MISCELLANEOUS \$ \_\_\_\_\_

Documentation of attendance (e.g. agenda or certificate) is REQUIRED and must be submitted along with receipts for travel expense reimbursement.

GRAND TOTAL \$ \_\_\_\_\_

Employee Signature \_\_\_\_\_

For Office Use Only: Account Number \_\_\_\_\_

Director's Approval \_\_\_\_\_

Superintendent Approval \_\_\_\_\_