

# SUNFLOWER COUNTY CONSOLIDATED SCHOOL DISTRICT

## In-District Travel Voucher

NAME \_\_\_\_\_

Complete Address \_\_\_\_\_

SCHOOL/OFFICE LOCATION \_\_\_\_\_



### TRAVEL AND PERTINENT EXPENDITURES INCURRED CONDUCTING OFFICIAL SCHOOL BUSINESS

FROM \_\_\_\_\_ TO \_\_\_\_\_  
MONTH/DAY/YEAR MONTH/DAY/YEAR

AMOUNT CLAIMED	
	AMOUNT
TRAVEL (PRIVATE AUTO)	\$ _____
OTHER	\$ _____
SUBTOTAL TRAVEL COST	\$ _____
TOTAL REIMBURSEMENT	\$ _____

Subject to any differences determined by verification, I certify that the above amount claimed as travel expenses for the period indicated is true and accurate in all respects, and that payment for any part has not been received.

Signature of Payee \_\_\_\_\_ Date \_\_\_\_\_

**PENALTY FOR FRAUDULENT CLAIM – A fine of not more than \$250.00; civil liability for full amount received; any additional funds illegally acquired by person presenting this claim.**

\_\_\_\_\_  
Signature of Department Director

\_\_\_\_\_  
Signature of Principal

EXPENDITURE CODE \_\_\_\_\_

\_\_\_\_\_  
Signature of Business Manager

\_\_\_\_\_  
Signature of Superintendent

