

TRAVEL EXPENSE / PAYMENT VOUCHER

P.O. # _____

Butte Falls School District #91
 P.O. Box 228
 Butte Falls, OR 97522

| Year | Fund | Function | Object | Location | AR | Amount |
|------|------|----------|--------|----------|----|--------|
| | | | | | | |
| | | | | | | |
| | | | | | | |

Name of Employee or Vendor: _____

Mailing Address: _____

| MISCELLANEOUS PURCHASES / SERVICES (proof of purchase required) | | | | Total |
|--|----------|----------------|--|-----------|
| Date | Quantity | Item / Service | | Total |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| TOTAL MISCELLANEOUS PURCHASES / SERVICES | | | | \$ |

| MILEAGE (documentation required) | | | | | |
|---|-------------|-------------------|------|------------|-----------|
| Date | Destination | Reason (required) | Rate | # of Miles | Total |
| | | | | | |
| | | | | | |
| | | | | | |
| TOTAL MILEAGE | | | | | \$ |

| MEALS AND LODGING (documentation required) | | | | | | | | |
|---|---------------------------|-------------------------|-----------------|-------------------------------|-------|--------|---------|-------------------------|
| Date | Time of Departure (AM/PM) | Time of Arrival (AM/PM) | Location/Reason | Individual Meal Reimbursement | | | Lodging | Total Meals and Lodging |
| | | | | Bkfst | Lunch | Dinner | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| TOTAL MEALS & LODGING | | | | | | | | \$ |

| TUITION REIMBURSEMENT (documentation required) | | | |
|---|------------------------|----------------------|-------------------|
| Date Course Completed | Course Number and Name | College / University | Amount of Tuition |
| | | | |
| | | | |
| TOTAL TUITION REIMBURSEMENT | | | \$ |

GRAND TOTAL OF ALL AREAS \$

I certify that all reimbursements claimed reflect Board policy allowances; that no part thereof has been claimed previously or will be claimed from any other source. I understand that false information may result in the termination of my employment.

Signature _____ Date _____

I certify that funds for payment of this claim are available in the adopted budget for the period covered and have been allotted for expenditure.

Approved by District _____ Date _____