

VOUCHER FOR REIMBURSEMENT OF TRAVEL EXPENSES - Amory School District

Statement of Expenses incurred by _____ For Month of: _____, 2020.

PURPOSE OF TRAVEL(Conference, Etc.): _____				Destination and Mileage	
Date	From	To	Miles	Mileage Amt.	Total \$
				\$.575	
				\$.575	
TOTALS					

Expenses for Meals and Lodging (<u>Attach detailed receipts</u>) Maximum Reimbursement: \$46.00					
Date	Breakfast	Lunch	Dinner	Hotel \$	Daily Total
TOTALS					

Other Authorized Expenses (<u>Attach detailed receipts</u>)		
Date	Item	Amount
TOTAL		

Authorized Travel Expenses	Amount Claimed	A/P Verified - Initial
Travel (Auto, Public, Carrier)		
Meals and Lodging		
Other Expenses		
TOTAL		

Subject to any differences determined by verification, I certify that the above amount claimed by me for travel expenses for the period indicated is true and just in all respects, and that payment for any part thereof has not been received. **Employee Signature** _____

Date _____ **A/P Code** _____ **Administrator Signature** _____