



ONALASKA INDEPENDENT SCHOOL DISTRICT TRAVEL EXPENSE VOUCHER

Name _____ Date _____

Reason for travel _____

Account Code _____

MILEAGE: Please list information as it applies. Mileage will be reimbursed at a rate of \$0.67 per mile.

Date: _____ Destination: _____ Miles: _____ Amt: _____

Date: _____ Destination: _____ Miles: _____ Amt: _____

MEALS: Please list the total meal cost by the day. Employees **MUST** attach cash tickets or receipts showing the cost of each meal and the detail of items purchased. Receipts showing only a "total" without detail will not be accepted. The total reimbursement maximum is \$64.00/day. An overnight stay is required in order to receive meal reimbursement.

Date: _____ Amount: _____ Date: _____ Amount: _____

Date: _____ Amount: _____ Date: _____ Amount: _____

Date: _____ Amount: _____ Date: _____ Amount: _____

Date: _____ Amount: _____ Date: _____ Amount: _____

Date: _____ Amount: _____ Date: _____ Amount: _____

Date: _____ Amount: _____ Date: _____ Amount: _____

MISCELLANEOUS: Please list any items not described above. Employees must attach all applicable receipts showing detail of expense.

Date: _____ Amount: _____ Explanation: _____

Date: _____ Amount: _____ Explanation: _____

Date: _____ Amount: _____ Explanation: _____

TOTAL AMOUNT DUE: \$ _____

Employee Signature

Supervisor Signature