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 $0.70 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