

# Voucher For Payment Mileage/Travel Reimbursement FY18-19

Date Submitted: \_\_\_\_\_

School District: \_\_\_\_\_

Payee (print): \_\_\_\_\_

Payee Email Address: \_\_\_\_\_

Payee Contact Phone#: \_\_\_\_\_

*I certify that mileage claimed on this form is for the use of my personal vehicle. \_\_\_\_\_*

**Initials**

**\*\*\* IMPORTANT \*\*\***

**If mailing address changes, a  
NEW W-9 MUST BE SUBMITTED**

**\*\*\* SEE NOTE \*\*\***

Address

City

State

Zip

Departure Time: \_\_\_\_\_

Return Time: \_\_\_\_\_

Total Hours Travelled: \_\_\_\_\_

### Mileage

Date(s) of Travel	Activity/Event	From/To Destination	Distance*
<b>Total Miles</b>			
<b>Mileage Reimbursement Due (@ \$0.428/mile)</b>			<b>\$</b>

### Other Travel Expenses

Date	Activity/Event	Expense Type**	Amount
<b>Total Other Travel Expense Reimbursement Due</b>			<b>\$</b>

**Grand Total Due (Mileage and Other Travel) \$**

*This completed and signed form must be returned to the NW REC #2 for processing within 90 days of the event or no later than June 20th of the current school year, whichever date is sooner. Failure to do so can result in forfeiture of payment. MapQuest will be used to determine mileage distance. Itemized receipts must accompany any lodging or meal reimbursement request submitted.*

*I certify that the service(s) were rendered as stated and that they were necessary and proper; that the amount(s) claimed are just and reasonable; and that I am not being reimbursed by any other agency.*

Payee's Signature: \_\_\_\_\_

Payee's SSN: \_\_\_\_\_  
*Last 4 Digits*

### Payment Approval Signatures

NWREC#2 Director/Coordinator: \_\_\_\_\_

Date: \_\_\_\_\_

NWREC#2 Business Manager: \_\_\_\_\_

Date: \_\_\_\_\_