



HUNTSVILLE SCHOOL DISTRICT TRAVEL VOUCHER



Workshop Attended: _____ Fund to be paid from: _____

NOTICE: Request for reimbursement of travel expenses *MUST* be received in the Administration Office within five (5) days after the final day of the activity.

Name:	School:
Service Area:	Telephone:

IDENTIFICATION AND LOCATION OF MEETING:

Date	From	To	Miles

(Mileage rate subject to change)

Total Mileage: _____
Rate: _____ x .50
Amount Due: _____

RECEIPTS MUST BE ATTACHED:

Date	Breakfast	Lunch	Dinner	Lodging Place	Town	Lodging Cost	Daily Cost

Total: _____

IF APPLICABLE, ATTACH THE FOLLOWING RECEIPTS:

*\$35.00 per day per employee for overnight stays
15% tip allowed.

You must have itemized receipts in order to be reimbursed

Registration fee: _____
Parking: _____
Dues: _____
Other: _____

TOTAL AMOUNT OF TRAVEL, MEALS, LODGING, REGISTRATION, PARKING, ETC.: _____

I hereby certify that the account presented herewith is a correct and true statement of travel expenses incurred by me for the meeting/s listed.

Date

Signature

Date

Amount Approved

Special Population Coordinator

Principal

Superintendent