

Pineywoods Community Academy

EMPLOYEE Travel Voucher

NAME _____ CAMPUS/DEPT _____

MEETING ATTENDED _____ CITY _____ ST _____

DEPARTURE DATE _____ TIME OF DEPARTURE _____ AM/PM

RETURN DATE _____ TIME OF RETURN _____ AM/PM

Travel expense reports must be submitted immediately upon your return.

Private Vehicle: Miles driven _____ (travel chart) x 0.625/mile \$ _____

List occupants of vehicle: _____

Did employee use District owned vehicle? Y/N (Please circle)

Public Transportation: air, bus, taxi (receipt required for reimbursement) \$ _____

Parking Fees: (receipt required for reimbursement) \$ _____

Lodging-Hotel: (receipt required - must be a detailed receipt, summary not accepted) \$ _____

List occupants of room: _____

Meals: Actual receipts required if Federal Funds are used otherwise use meal allowance \$ _____

Were any meals provided at conference? Y/N (Please circle)

See Worksheet on Back (Must be completed for meal reimbursement)

Other: (list details and attach receipts) \$ _____

Total Amount Spent \$ _____

Amount Due \$ _____

Employee must sign below.

The above expenses are actual and correct.

Employee Signature _____ Date _____

Principal/Supervisor Signature _____ Date _____

Account Code _____ \$ _____

Account Code _____ \$ _____

Meals	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7	Total
Breakfast								
Lunch								
Dinner								