

**TRAVEL EXPENSE VOUCHER**  
Chimacum School District

**NAME** \_\_\_\_\_ **DATE** \_\_\_\_\_

**NATURE & DESTINATION OF TRAVEL** \_\_\_\_\_

**DATE OF TRAVEL** \_\_\_\_\_

**WAS THIS AN OVERNIGHT STAY?** **YES / NO**

Circle One

**(All SAME DAY meals will be reimbursed through PAYROLL per IRS)**

**NO REIMBURSEMENTS CAN BE MADE WITHOUT A RECEIPT**

**EXPENSES:**

Car: \_\_\_\_\_ miles @ \$ .54 per mile (Jan 2016) \_\_\_\_\_

Ferry: \_\_\_\_\_

Public Transportation (bus, taxi, airline, etc): (Receipts if given to you) \_\_\_\_\_

Parking: (Receipts if given to you) \_\_\_\_\_

Registration Fee: \_\_\_\_\_

Other: \_\_\_\_\_  
(explain)

Lodging: \_\_\_\_\_ days @ \$ \_\_\_\_\_ per day \_\_\_\_\_

Meals: Date Breakfast Lunch Dinner \_\_\_\_\_

**Amount sent to Payroll:**  
  
\$ \_\_\_\_\_

_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

*"I hereby certify under penalty of perjury that this is a true and correct claim for necessary expenses incurred by me and that no payment has been received by me on account thereof."* \$ \_\_\_\_\_

**Employee Signature:** \_\_\_\_\_

**Admin. Approval:** \_\_\_\_\_

**Charge to account #:** \_\_\_\_\_