FORT PAYNE CITY SCHOOLS

Expense Voucher

Date			_		
Employee claiming reimbursement			for office use:	APPROVED TOTAL EXPENSES AND FEES	
Employee mailing address			-		
Purpose of Travel (specific conference or event)			-		
Site of employment			_	for office use:	
Destination address			-		
Date expenses were incurred	from:	to:	-		
BREAKD	OWN	TOTAL			
MILEAGE: (HOW MANY ROUND TRIPS)	How many round trips?		Actual mileage is the departure and the des	arture should be the site of employement. shortest distance from the point of stination. The state approved rate will be CULATED BY THE ACCOUNTING	
LODGING: (how many nights)	How many nights?		AN ORIGINAL ITEMI	of nights required for travel. ZED RECEIPT IS REQUIRED.	
OTHER ITEMIZED EXPENSES: (ex: Required Parking, Airline Tickets)	List other itemized expenses		reserved for the works accommodations, rea amount as the confere accommodation costs	ne amount charged for lodging that is shop. If you choose to make other lize that the system will pay up to the same ence discount rate. If your choice of more, you will be responsible for the PROVAL IS REQUIRED FOR NG.	
MEALS	DATE	TOTAL	day event, the daily re day in any combinatio reimburse for any mea	Meals: \$10 Breakfast / \$15 Lunch / \$15 Dinner. If attending an all day event, the daily reimbursement will not to exceed \$40 per day in any combination you wish for meals. We will NOT reimburse for any meals provided by the workshop. ITEMIZED RECEIPTS ARE REQUIRED.	
				ULE OR AGENDA FROM THE WORKSHOP NDANCE MUST BE PROVIDED.	
				LL THE REQUIRED DOCUMENTATION IN A DELAY THE PROCESSING OF YOUR	
			I certify that the abo performed and/or tra	ve is correct and due for services avel reimburesement.	
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Signature & Date