

# FORT PAYNE CITY SCHOOLS

## Expense Voucher

Date \_\_\_\_\_

Employee claiming reimbursement \_\_\_\_\_

Employee mailing address \_\_\_\_\_

Purpose of Travel \_\_\_\_\_  
(specific conference or event)

Site of employment \_\_\_\_\_

Destination address \_\_\_\_\_

Date expenses were incurred \_\_\_\_\_

from: \_\_\_\_\_ to: \_\_\_\_\_

for office use: <b>APPROVED TOTAL EXPENSES AND FEES</b>
for office use:

BREAKDOWN		TOTAL
MILEAGE: (HOW MANY ROUND TRIPS)	How many round trips?	
LODGING: (how many nights)	How many nights?	
OTHER ITEMIZED EXPENSES: (ex: Required Parking, Airline Tickets)	List other itemized expenses	
MEALS (a schedule that includes the event date, start time and end time is required)	EVENT DATE & START TIME	EVENT END TIME

Mileage: point of departure should be the site of employment. Actual mileage is the shortest distance from the point of departure and the destination. The state approved rate will be used and will be **CALCULATED BY THE ACCOUNTING DEPARTMENT**

Lodging: the number of nights required for travel. **AN ORIGINAL ITEMIZED RECEIPT IS REQUIRED.**

The system will pay the amount charged for lodging that is reserved for the workshop. If you choose to make other accommodations, realize that the system will pay up to the same amount as the conference discount rate. If your choice of accommodation costs more, you will be responsible for the difference. **PRIOR APPROVAL IS REQUIRED FOR ALTERNATE LODGING.**

Meals: Per diem is defined as expenses incurred during an official work trip. Employees may be reimbursed per diem of a daily maximum of up to \$40 based on the hours required for travel and without having to provide receipts. **A SCHEDULE SHOWING EVENT DATE, START TIME AND END TIME IS REQUIRED.**

**A COPY OF THE SCHEDULE OR AGENDA FROM THE WORKSHOP VERIFYING YOUR ATTENDANCE MUST BE PROVIDED.**

**FAILURE TO PROVIDE ALL THE REQUIRED DOCUMENTATION IN A TIMELY MANNER WILL DELAY THE PROCESSING OF YOUR REIMBURSEMENT.**

**I certify that the above is correct and due for services performed and/or travel reimbursement.**

**Signature & Date**