

DWIGHT PUBLIC SCHOOLS

TRAVEL EXPENSE VOUCHER

DATE(S) OF EVENT	NAME AND LOCATION OF EVENT:	MILES	MEALS	OTHER (Describe)
	TOTAL MILES:			
	IRS MILEAGE REIMBURSEMENT RATE:	.56		
	SEMI-TOTALS:			
	GRAND TOTAL:	\$		

BUDGET CODE # _____ BUDGET DESCRIPTION _____
(Office Use Only) *(Office Use Only)*

I hereby certify that all items of expenses included in this statement were incurred in the discharge of authorized official business; the amounts are correct; and they represent proper charges against the school district. I further certify that I have not received payment from other sources for any portion of these expenses as indicated. I acknowledge that I will not use my own funds for school district purchases, and if I do, I do not expect reimbursement unless pre-authorized by the Superintendent or the District Office, or at the Superintendent's discretion.

CLAIMANT NAME (print) _____ DATE SUBMITTED _____

CLAIMANT'S SIGNATURE _____

APPROVED/DISAPPROVED _____ DATE _____
Principal

APPROVED/DISAPPROVED _____ DATE _____
Superintendent/Dist. Office

NOTE: Please attach all expense receipts to this form.

(Revised 1/4/2021)