

FAYETTEVILLE PUBLIC SCHOOLS

TRAVEL REIMBURSEMENT VOUCHER

RECEIVED/APPROVED
FOR PAYMENT

Amount \$ _____

Approved By _____

Name of Payee _____ Vendor # _____ Location _____

Budget _____ Conference Name/Title _____

Date			Travel From	Travel To	Hotel	Per diem Meals	65810 Certified 65820 Classified		Travel Commercial Fare*	Miles Current Mileage		Daily Total
Mo	Day	Yr					Taxi	Other**		Driven X	Mileage = Total	
SubTotals												

* Attached Receipts GRAND

** Registration Fees, etc. Please explain _____ TOTAL _____

Signature of Payee _____ Title _____

TRIP REPORT: This section MUST BE COMPLETED

(1) What information did you find most valuable: _____

(2) How could this information best be shared: _____

****Please attach conference itinerary/program****