

PARSONS DISTRICT SCHOOLS EXPENSE VOUCHER - OFFICIAL BUSINESS

If reimbursement is expected, prior approval of the trip must be received from the superintendent of schools or designate.

Name _____

The most economical and convenient method of travel should be used. If by personal car, the allowance is **53.5¢** for every mile traveled.

School/Address _____

Nature of Official Business _____

Please Date and Itemize for Each Day

Date									Total
Hotel									
Breakfast									
Lunch									
Dinner									
Tips									
Telephone									
Other (Itemize)									

Meal costs will be reimbursed up to the following limits: \$25.00 per day in-state; \$30.00 per day out-of-state. Tips are not to exceed 15% of the meal cost. Entertainment and alcoholic beverages are not reimbursable.

Transportation

From	To	Total
Auto (Number of miles at 53.5¢ per mile)		
Taxi		
Train Fare		
Air Fare		

Expense Voucher Total _____

Less Advance _____

Amount Due _____

I hereby certify that the above expenses were actually incurred by me in the performance of my duties as an employee.

Signature of Claimant

Date

Approval of Superintendent of Schools