

BROOKHAVEN SCHOOL DISTRICT TRAVEL REIMBURSEMENT VOUCHER

Name

Address

Account #(s) to be charged

Dates expenses were incurred: From To

RECAP

Meals	<input style="width: 350px; height: 20px;" type="text"/>
Lodging	<input style="width: 350px; height: 20px;" type="text"/>
Travel (Auto-Private)	<input style="width: 350px; height: 20px;" type="text"/>
Travel (Public Carrier)	<input style="width: 350px; height: 20px;" type="text"/>
Parking	<input style="width: 350px; height: 20px;" type="text"/>
Registration	<input style="width: 350px; height: 20px;" type="text"/>
Other Travel Costs	<input style="width: 350px; height: 20px;" type="text"/>
Total	<input style="width: 350px; height: 20px;" type="text"/>

Subject to any differences determined by verification, I certify that the above amount claimed by me for travel expenses for the period indicated is true and accurate in all respects, and that payment for any part has not been received.

Signature of Payee:

Date

Verified By:

Date

Approved For Payment:

Date

* All items on both sides of this form must be completed before payment will be made.

* Tips of any kind are not an allowable reimbursable expense.

* Travel advances are not permitted.

* A Copy of your approved Request for Leave and MapQuest directions must accompany this form

DETAIL OF TRAVEL EXPENSES

Date	Actual Brkfast	Actual Lunch	Actual Dinner	Actual Total	Total Allow	Hotel / Motel	Purpose	Points Of Travel	Total Miles	Mileage Amount	Other Items	Other Amount
Total												

Receipts for amounts paid for hotel/motel, parking, public carrier, registration and ** other items must accompany this voucher.

Meal receipts are not required.

Reimbursement for in-state meals cannot exceed \$8 for breakfast, \$12 for lunch and \$21 for dinner.

Employees leaving home in the morning are expected to eat before departure. No reimbursement for meal expenses will be allowed unless travel includes an overnight stay.

Contact the Business Office for allowable reimbursements for out-of-state meals.

Employees will be permitted reimbursement at a rate of \$0.540 per mile for use of their personal vehicle.

All activity pertaining to a certain date should be shown on the line or lines associated with that date completely across the form.

Other items include miscellaneous expenses such as registration, parking and public carrier fare.