

**EXPENSE VOUCHER**

DANVILLE PUBLIC SCHOOLS

Purpose \_\_\_\_\_

I incurred the following expenses while carrying out my duties as an employee of the Danville School Board and for which I claim reimbursement:

For Month of \_\_\_\_\_

Please fill out attached Travel Log for multiple Travel dates (see page 2)

EXPENSES: Itemized receipts showing all items purchased are required. Credit card receipts will **NOT** be accepted. Tip may not exceed 15%. A maximum of \$50/day for meals & tips is allowed.

MILES TRAVELED:

1	12	22
2	13	23
3	14	24
4	15	25
5	16	26
6	17	27
7	18	28
8	19	29
9	20	30
10	21	31
11		

# of Meals \_\_\_\_\_ \$ \_\_\_\_\_

Lodging:  
# of Nights \_\_\_\_\_ \$ \_\_\_\_\_

Other (please list and attach receipts)

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

Total Miles \_\_\_\_\_ @ 58 ¢ per mile \$ \_\_\_\_\_

TOTAL REIMBURSEMENT CLAIMED \$ \_\_\_\_\_

Signature \_\_\_\_\_

Please print name \_\_\_\_\_

Date \_\_\_\_\_

Location (where check is sent) \_\_\_\_\_

Reimbursement checks are usually sent to the school. If you want your check mailed to your home, please print your complete address:

\_\_\_\_\_  
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Approved for Payment (Principal or Supervisor): \_\_\_\_\_

Account # \_\_\_\_\_

EXPENSE VOUCHER LOG

Please complete this page if claiming travel on multiple days.  
 (you may also submit your own variation of this log)

Month \_\_\_\_\_ Name \_\_\_\_\_

DAY OF MONTH	DESTINATION	PURPOSE
01		
02		
03		
04		
05		
06		
07		
08		
09		
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