# PERSONNEL 03.125 AP.22

Travel Expenses Voucher

All District employees will continue to use the travel expense voucher that has been updated to reflect the revised meal reimbursement in Policy 03.125. The meal section has been changed to reflect Breakfast (B) from 7:00 A.M. – 10:00 A.M., Lunch (L) 10:00 A.M. – 2:00 P.M., and Dinner (D) 2:00 P.M. – 6:00 P.M. No receipts will be necessary to qualify for meal reimbursement. Every overnight stay will qualify for an entire per diem totaling $30.00. Employees will need to indicate their return time to qualify for meals once returning back to the District.

# PERSONNEL 03.125 AP.22

# (Continued)

Travel Expenses Voucher

**Out of District Travel**

Submit within one (1) week or upon the completion of travel to the Finance Officer, Ashland Board of Education. A signed and approved T-1 (03.125 AP.21/Professional Duty Absence Request) must be attached in order for this form to be processed. Please list additional expenses on the reverse side and attach all receipts except meals.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Employee Name School Address Position**

FORM A

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Date | From City/State | | To City/State | Automobile \*Mileage Charge | | | | | MEALS | | | Rooms | Total Charge |
| 7A-10A  **B-$5** | 10A-2P  **L-$10** | 2P-6P  **D-$15** |
|  |  | |  |  | |  | | |  |  |  |  |  |
|  |  | |  |  | |  | | |  |  |  |  |  |
|  |  | |  |  | |  | | |  |  |  |  |  |
|  |  | |  |  | |  | | |  |  |  |  |  |
|  |  | |  |  | |  | | |  |  |  |  |  |
|  |  | |  |  | |  | | |  |  |  |  |  |
|  |  | |  |  | |  | | |  |  |  |  |  |
|  |  | |  |  | |  | | |  |  |  |  |  |
|  |  | |  |  | |  | | |  |  |  |  |  |
|  |  | |  |  | |  | | |  |  |  |  |  |
|  |  | |  |  | |  | | |  |  |  |  |  |
|  |  | |  |  | |  | | |  |  |  |  |  |
|  | | | | |  | $ | | | $ | $ | $ | $ |  |
| Please place coding for which this | | | | |  |  | | |  | **Sub-Total A** | | |  |
| expense is to be funded: | | | | |  |  | | |  | **(From Reverse Side)** | | |  |
| **ORG** | | **OBJECT** | | **PROJECT** | | | |  | | **Grand Total** | | |  |
|  | |  | |  | | | |  | |
|  | |  | |  | | | |  | |
| \*Mileage is reimbursed at the board approved rate. | | | | | | |  | | |

**I hereby certify that all items of expense included in the above statement were incurred by an employee of the Ashland Board of Education and that all data furnished herewith are true and correct to the best of my knowledge.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Claimant Date Signed

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor Date Signed

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PD/Grants Coordinator Date Signed

# PERSONNEL 03.125 AP.22

# (Continued)

Travel Expenses Voucher

A receipt *MUST* be submitted for each item.

FORM B

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Item | | Date | Explanation | Amount |
| Fare: | Train |  |  | $ |
| Plane |  |  |  |
| Bus |  |  |  |
| Taxi |  |  |  |
| Registration Fees | |  |  |  |
| Meeting Rooms | |  |  |  |
| Parking | |  |  |  |
| Tolls\* | |  |  |  |
| Miscellaneous | |  |  |  |
|  | |  | Subtotal of B Expenses  (Carried to front Page) | $ |
|  | |  |

\*Tolls (none for District vehicles being operated in state in an official capacity)

Review/Revised:12/12/2016