

# DWIGHT PUBLIC SCHOOLS

## TRAVEL EXPENSE VOUCHER

DATE(S) OF EVENT	NAME AND LOCATION OF EVENT:	MILES	MEALS	OTHER (Describe)
	<b>TOTAL MILES:</b>			
	<b>IRS MILEAGE REIMBURSEMENT RATE:</b>	.67		
	<b>SEMI-TOTALS:</b>			
	<b>GRAND TOTAL:</b>	\$		

BUDGET CODE # \_\_\_\_\_ BUDGET DESCRIPTION \_\_\_\_\_  
*(Office Use Only)* *(Office Use Only)*

I hereby certify that all items of expenses included in this statement were incurred in the discharge of authorized official business; the amounts are correct; and they represent proper charges against the school district. I further certify that I have not received payment from other sources for any portion of these expenses as indicated. I acknowledge that I will not use my own funds for school district purchases, and if I do, I do not expect reimbursement unless pre-authorized by the Superintendent or the District Office, or at the Superintendent’s discretion.

CLAIMANT NAME (print) \_\_\_\_\_ DATE SUBMITTED \_\_\_\_\_

CLAIMANT’S SIGNATURE \_\_\_\_\_

APPROVED/DISAPPROVED \_\_\_\_\_ DATE \_\_\_\_\_  
*Principal*

APPROVED/DISAPPROVED \_\_\_\_\_ DATE \_\_\_\_\_  
*Superintendent/Dist. Office*