

# Expense Claim Voucher

Hustisford School District

Staff Member: \_\_\_\_\_ Date: \_\_\_\_\_

Reason for Expense(s) (Name/description of event): \_\_\_\_\_

*Reimbursement will be made according to Board Policies 530.1 and 671.2. Receipts must be attached.*

## Meeting / Conference / Workshop Expenses

	Day 1	Day 2	Day 3	Day 4	Totals
Date					
Hotel					\$ -
Parking / Tolls					\$ -
Registration					\$ -
Meals					\$ -

*\* If submitting meal expenses for other employees, please list their names and other relevant information.*

## Other Expense Claims

Itemize: \_\_\_\_\_

Amount: \_\_\_\_\_ \$ -

## Transportation Expense Claims

From: \_\_\_\_\_ To: \_\_\_\_\_

Round Trip Mileage \_\_\_\_\_

Mileage @ IRS Rate \$ 0.580

Total Mileage Claim \$ -

## Total Expense Claim

\$ -

Budget Account Codes: \_\_\_\_\_

*I hereby certify that the above expenses were actually incurred by me in the performance of my duties as an employee of committee member of the Hustisford School District.*

\_\_\_\_\_  
Signature of Claimant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor Approval

\_\_\_\_\_  
Date

\_\_\_\_\_  
District Administrator Approval

\_\_\_\_\_  
Date