

TRAVEL EXPENSE / PAYMENT VOUCHER

P.O. # _____

Butte Falls School District #91
 P.O. Box 228
 Butte Falls, OR 97522

Year	Fund	Function	Object	Location	AR	Amount

Name of Employee or Vendor: _____

Mailing Address: _____

MISCELLANEOUS PURCHASES / SERVICES (proof of purchase required)			
Date	Quantity	Item / Service	Total
TOTAL MISCELLANEOUS PURCHASES / SERVICES			\$

MILEAGE (documentation required)					
Date	Destination	Reason (required)	Rate	# of Miles	Total
TOTAL MILEAGE					\$

MEALS AND LODGING (documentation required)								
Date	Time of Departure (AM/PM)	Time of Arrival (AM/PM)	Location/Reason	Individual Meal Reimbursement			Lodging	Total Meals and Lodging
				Bkfst	Lunch	Dinner		
TOTAL MEALS & LODGING								\$

TUITION REIMBURSEMENT (documentation required)			
Date Course Completed	Course Number and Name	College / University	Amount of Tuition
TOTAL TUITION REIMBURSEMENT			\$

GRAND TOTAL OF ALL AREAS \$

I certify that all reimbursements claimed reflect Board policy allowances; that no part thereof has been claimed previously or will be claimed from any other source. I understand that false information may result in the termination of my employment.

Signature _____ Date _____

I certify that funds for payment of this claim are available in the adopted budget for the period covered and have been allotted for expenditure.

Approved by District _____ Date _____