



Jamestown Public School District #1
2017-18 Expense Request
Reimburesment Voucher

This portion must be completed when requesting leave.

Employee Name: _____
 Address: _____
 City, State, Zip: _____

Event Title: _____
 Purpose/Notes: _____

Date(s) of Trip: _____
 Same Day Travel: _____
 Overnight Travel: _____
 Location: _____

Expenses Requested:	(Approximate)	Direct Billed	Approve	Deny	(Central Office Use)	Budget	
						Title I	Title II
Registration							
Mileage							
Meals							
Lodging							
Misc.							
Total	\$0.00						

Approved by: _____

This portion completed after travel.

Meals and Lodging:
First Quarter (6:00 am to 12 Noon)
 (No reimbursement if travel begins after 7:00 am)
Second Quarter (Noon to 6:00 pm)
Third Quarter (6:00 pm to 12 Midnight)
Fourth Quarter (12 Midnight to 6:00 am)

Mileage:
Fargo \$109, Bismarck \$109, Dickinson \$218, Minot \$218, Grand Forks \$190

Maximum Reimbursement Amounts:

In State Travel
\$7.00
\$10.50
\$17.50
\$74.70 <i>plus tax</i>
\$0.545 <i>per mile</i>

Out of state Travel:
20% of GSA daily rate <i>GSA Daily Rate</i>
30% of GSA daily rate
50% of GSA daily rate
Actual lodging expense
\$0.54 per mile up to 300 miles from state border and \$0.18 per mile thereafter.

Complete only for items needing reimbursement. Do not include items direct billed to JPS.

Receipts are required for reimbursement of registration, lodging, air fare and miscellaneous. Receipts are not needed for meals.

Date	Departure / Arrival Time	Travel Destination (note city to city)	Total Miles Driven	Mileage	Lodging	Breakfast	Lunch	Dinner	Air	Misc.	TOTAL
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Employee Signature: _____
Approval for payment.

Date: _____

JPS Business Dept: _____

Date: _____