



# Travel Expense Voucher

Wenatchee School District #246  
235 Sunset Ave, Wenatchee, WA 98801

Instructions - See District Website:

Board Procedure 6213P

Guidelines for Employee Travel Reimbursement

Mileage Chart round trip for out of district - car or motorcycle

Legal Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

School/Location: ATHLETICS

**Original Itemized Receipts Required** (Please do not use highlighter pens to mark receipts)

TRAVEL Date Left: \_\_\_\_\_ Date Returned: \_\_\_\_\_ Destination: \_\_\_\_\_

Departure Time: \_\_\_\_\_ AM or PM Return Time: \_\_\_\_\_ AM or PM

Purpose of Travel: \_\_\_\_\_

Type of Transportation: N/A

Personal Vehicle Mileage: N/A Miles @ .625 cents per mile = \$ N/A

Names of other school personnel transported: N/A

REGISTRATION: N/A \$ N/A

LODGING: N/A **\*\*RECEIPT REQUIRED! NOT to EXCEED Per Diem rate.** \$ N/A

~~Meals are strictly Per Diem Rate - No receipts required.~~

Date	Breakfast (\$12)	Lunch (\$15)	Dinner (\$18)	Amount
<b>Total</b>				

Complete meal information for each day you are claiming.

Account Code: 0100-28-8000-000 receipt **REQUIRED!**

Other Expenses:

Airport Parking \$ N/A

Garage Parking \$ N/A

Cab Fare \$ N/A

Misc: \_\_\_\_\_ \$ N/A

\_\_\_\_\_ \$ \_\_\_\_\_

Total Other Expenses: \$ N/A

Total Meals: \$ \_\_\_\_\_

**TOTAL EXPENSES:** \$ \_\_\_\_\_

Less Advance Travel: \$ N/A

**Total Due Employee:** \$ \_\_\_\_\_

**Total Due District:** \$ N/A

**CERTIFICATION:** I hereby certify under penalty of perjury that this is a true and correct claim for necessary expenses incurred by me and that no payment has been received by me on account.

Employee/Payee Signature: \_\_\_\_\_ Date \_\_\_\_\_

Administrator Signature: \_\_\_\_\_ Date \_\_\_\_\_

Funding Party Admin Signature: N/A Date N/A

Student Signature (required for ASB Travel): N/A Date N/A