

OUT OF COUNTY TRAVEL VOUCHER / REIMBURSEMENT

Section A - Must be completed prior to trip (Please print/type clearly):

MAKE CHECK PAYABLE TO: _____ Empl #: _____ Position: _____

MAILING ADDRESS: _____ Official Headquarters: _____

Purpose of Leave: _____ Substitute Required Yes

Destination of Travel: _____ DATES OF TRAVEL: FROM: _____ TO: _____

Check all that apply: _____ Substitute Name: _____

FIELD TRIP TRAVEL PAID BY SCHOOL TRAVEL PAID BY OTHER _____

OUT OF STATE TRAVEL (DESTINATION): _____

Supervisor Signature: _____ Date: _____

Fund (4)	Function (4)	Object (4)	Facility (4)	Project (5)	Subpr (5)	Program (5)
E						

Reimbursement requested: All receipts must be attached for reimbursement purposes (to be completed by Supervisor of Funding Strip):

*Per Diem(no receipts) Rental Car Gas Mileage Hotel Air Travel Other _____

Supervisor of Funding Strip Approval: _____ Date: _____

Out of County Travel Approval (by Superintendent or Designee): _____ Date: _____

Section B - Pls. complete after trip: (Check all boxes that apply, indicate total cost and attach all receipts)

Origin (City) _____ Destination (City) _____

*Actual Departure Date: _____ Actual Departure Time: _____

*Actual Return Date: _____ Actual Return Time: _____

*Per diem not paid if hot breakfast, or any other meal, is provided for you (by hotel or other). *List meals provided by Hotel/Training:

*depart prior to 6:00 A.M. and travel beyond 8 A.M. to receive breakfast per diem _____

*depart prior to noon and beyond 2:00 P.M. to receive lunch per diem _____

* Depart before 6 P.M. and travel beyond 8:00 P.M. to receive dinner per diem _____

Agenda Attached Out of State Travel Board Approval Attached

Rental Car Y / N \$ _____, or I Rode with: _____ *Must be approved in advance

Gas Receipts (List and total): \$ _____ \$ _____ \$ _____ \$ _____ Total: \$ _____

Hotel: Y / N (indicate cost and/or Buyers Log # here, if applicable): \$ _____ BL # _____ or I shared room with: _____

Mileage (if reimbursable; roundtrip to hotel/site): _____ Vicinity Miles (Miles driven from hotel to training site only) _____ x2= _____

Air Travel Y / N : (indicate cost and/or Buyers Log # here, if applicable): \$ _____ BL # _____ *Must be approved in advance

Other (Registration, etc...) (indicate cost and/or Buyers Log # here, if applicable): \$ _____ BL # _____

Pls explain Other (tolls, parking...): _____

I hereby certify that the above is a true and correct statement of travel expenses actually incurred in the performance of my duties:

Employee Signature: _____ Date: _____

I hereby certify that, to the best of my knowledge, the above travel was for the purpose stated above and on official business for the NCSB:

Funding Supervisor Signature: _____ Date: _____

FOR DISTRICT USE ONLY:

_____ x _____
of miles cents per mile Mileage allowance Per diem allowance Total receipts allowance

\$ _____
Total Reimbursement

Checklist for Submitting Expenses for Reimbursement for Travel to Conferences or Workshops

In order to process your approval or reimbursement of travel expenses, we need the following:

Section A:

- _____ Complete fully and have supervisor sign/date that trip is authorized
- _____ Forward to Director/Department funding the trip to indicate funding strip, sign and approve
- _____ Forward to Superintendent (or Designee), if necessary, for Out of County travel approval

Section B: After completion of trip must be completed fully, in order to process travel voucher

- _____ Complete Origin and Destination Cities
- _____ Indicate your actual departure date and times
- _____ Indicate your actual return date and times

_____ **Agenda** - must be attached for all travel

_____ **Board Approval** - attach for Out of State travel

_____ **Rental Car** - indicate yes or no, complete info fully and attach all receipts

Note if you rode with anyone and if you paid any gas receipts

Please check with your supervisor/secretary before renting a vehicle; we have a contract with Enterprise

_____ **Gas Receipts** - list, total and attach all receipts

Please note, if **using personal vehicle**: Fill up before you leave on trip. We do not reimburse for personal use. Only fill-ups during and upon completion of trip are reimbursable.

_____ **Hotel**: Indicate yes/no and **attach all receipts** and indicate Buyers Log # and indicate if you shared a room

A hotel receipt only for evenings which a hotel stay was approved for in advance. If you opted to arrive early, or stay longer, the additional evenings of the hotel costs are your responsibility

_____ **Mileage**: (if reimbursable: roundtrip to hotel/site): _____

_____ **Vicinity Miles**: These are miles driven from hotel to training site only (indicate roundtrip total)

Please note that we must go by the DOT state map for mileage. Please be aware there might be a adjustment made by the finance office

_____ **Air Travel**: Indicate yes or no and list the Buyers Log # and cost (**attach all receipts**)

_____ **Other**: Registrations, tolls, parking, baggage claim receipts, etc. List all other receipts not covered by the above. If you paid for your registration, or any other expenses, personally; receipts must be attached

Please note: If another person (roommate/director) used their personal credit card for any of your expenses... they must personally submit for their own reimbursement

_____ **Your signature/date** attesting to the validity of your expenses

_____ **Funding Supervisor final signature** - Funding Supervisor signs to verify the trip details and expenses.