NAME_____

ADDRESS_____

_____

SS# _____

ST. JOHN THE BAPTIST PARISH SCHOOL BOARD

Month _____ Year_____

Meals reimb only with proof of lodging/overnight stay*

Receipts Required for Payment*

TRAVEL & EXPENSE VOUCHER

VENDOR #_____

ACCOUNT CODE #

X01-_____-_____-_____-000

SCHOOL/DEPT_____

DATE	ODOMETER READING DEPART	ARRIVE	TOTAL MILES	LODGING	*MEALS*	OTHER	TOTAL	PURPOSE OF TRAVEL/NAME/PLACE OF WORKSHOP – OTHER INFORMATION ABOUT TRAVEL

TOTAL MILES _____ TOTAL EXPENSES _____ CHECK TOTAL $ _____

My signature below verifies that I followed the School Board's Travel Policy and that I am requesting to be reimbursed only for expenses that have not otherwise been paid for. (i.e. An employee should not request to be reimbursed for meals if an administrator paid for their meal using a school board credit card).

SIGNATURE_____DATE_____ SUPERVISOR'S SIGNATURE_____ DATE_____