

VOUCHER NO.  
CENTRAL OFFICE USE

**TRAVEL / TRAINING EXPENSE REIMBURSEMENT REQUEST**

**Employee Information** *Must be completed or form will be returned*

EMPLOYEE NAME	EMPLOYEE I.D. NUMBER	LOCATION
POSITION <input type="checkbox"/> Teacher <input type="checkbox"/> Classified <input type="checkbox"/> Licensed Staff <input type="checkbox"/> Administrator / Principal <input type="checkbox"/> Director / Management <input type="checkbox"/> Non-Licensed Staff <input type="checkbox"/> Parents / Volunteers <input type="checkbox"/> Other _____		
HOME ADDRESS	HOME PHONE NO.	WORK PHONE NO.

<b>DEPARTURE</b>	DATE:	TIME:	<b>RETURN</b>	DATE:	TIME:
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TRAVEL / TRAINING EXPENSES - Original receipts & Travel / Training Authorization Form w/ approvals must be attached												
DATE					CHARTFIELD						TOTALS	
					ACCOUNT	FUND	DEPT	PROGRAM	SUB-CLS	PRJ / GRT		SITE LOC
REGISTRATION FEES												
MATERIALS / BOOKS												
CAR RENTAL												
MILEAGE												
PARKING												
SHUTTLE / TAXI												
LODGING: HOTEL/MOTEL												
MEALS (PER DIEM)												
BAGGAGE FEES												
OTHER (SPECIFY)												
DAILY TOTALS												

**AUTHORIZED SIGNATURES**

*EMPLOYEE CERTIFIES THAT s/he was not on paid leave while traveling/training, that none of the expenses listed on this form were charged to a District Procurement Card, and that no alcohol purchases are included in this request. Employee hereby authorizes any expense reimbursement that is found to be non-business related or not properly accounted for to be deducted from his/her paycheck.*

EMPLOYEE SIGNATURE <b>X</b>	DATE	PRINCIPAL / SUPERVISOR SIGNATURE <b>X</b>	DATE
GRANT APPROVAL, IF REQUIRED <b>X</b>	DATE	ADDITIONAL AUTHORIZED SIGNATURE, IF REQUIRED <b>X</b>	DATE

**RECONCILIATION**

1	TOTAL EXPENSES	
2	CASH ADVANCED	
3	OVERPAYMENT <i>Line 2 is Greater Than Line 1, Amount Due District</i>	
4	EMPLOYEE REIMBURSEMENT <i>Line 1 is Greater Than Line 2, Amount Due Employee</i>	