

# WAYNESBORO AREA SCHOOL DISTRICT TRAVEL REIMBURSEMENT FORM

ORIGINAL RECEIPTS MUST BE ATTACHED TO THIS VOUCHER

Name of Employee: \_\_\_\_\_

Date Submitted: \_\_\_\_\_

Activity: \_\_\_\_\_

Dates – From: \_\_\_\_\_ To: \_\_\_\_\_

TRANSPORTATION

Automobile \_\_\_\_\_ miles @ (current mileage rate) \$ \_\_\_\_\_

Rail \$ \_\_\_\_\_

Airplane \$ \_\_\_\_\_

Other \$ \_\_\_\_\_

Total \$ \_\_\_\_\_

SUBSISTENCE

Room \_\_\_\_\_ days @ \_\_\_\_\_ per day \$ \_\_\_\_\_

Breakfast \$ \_\_\_\_\_ (#) \_\_\_\_\_

Lunch \$ \_\_\_\_\_ (#) \_\_\_\_\_

Dinner \$ \_\_\_\_\_ (#) \_\_\_\_\_

Total \$ \_\_\_\_\_

MISCELLANEOUS EXPENSES

List items:

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

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

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

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

Total \$ \_\_\_\_\_

**GRAND TOTAL** \$ \_\_\_\_\_

\_\_\_\_\_  
Employee Signature

**FOR DISTRICT USE ONLY:** Budget Code: \_\_\_\_\_  
Assistant Superintendent's Signature: \_\_\_\_\_