

TRAVEL EXPENSE VOUCHER

BATH LOCAL SCHOOLS

STAFF MEMBER: _____

Title or Sponsor of Meeting / Workshop: _____

Destination: _____ Dates: _____

Professional Leave Approval Date: _____

DATE	SUN	MON	TUES	WED	THURS	FRI	SAT	TOTAL
Breakfast -								
Lunch -								
Dinner -								
Meal reimbursement: maximum of \$50.00 /day for at least 2 meals								
Lodging								
Mileage Reimb. at Federal Rate (January 2024 rate is \$.67)								
Parking								
Registration								
Other - Explain								
TOTALS								
Lodging reimbursement: maximum of \$100.00 /night unless approved by Superintendent								

***Itemized receipts** are required for meal reimbursement.

*All receipts must be included with this form.

*Reimbursement not to exceed the dollar amounts shown.

Signature - Staff Member _____

Date _____

Signature - Supervisor _____

Date _____

Signature - Treasurer _____

Date _____