

## 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 found on IRS.gov website								
Parking								
Registration								
Other - Explain								
<b>TOTALS</b>								
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: \_\_\_\_\_