

EMPLOYEE REIMBURSEMENT/REQUEST VOUCHER

Name _____ School _____
 Type of Meeting _____ Destination _____
 Date(s) Held _____ Number of Days _____

ATTACH ALL RECEIPTS AND DOCUMENTATION

Leave Request Form MUST be Approved by Supervisor Prior to Absence

Mileage: Attach documentation – MapQuest, Google Maps, etc.	Total Miles	@ .58	\$
Meals: For credit card reimbursement, submit BOTH detailed and signed receipts. Include the names of the employees on receipt.	Actual Cost Reimbursed: (Maximum Amount) Breakfast - \$ 8.00 Lunch - \$11.00 Dinner - \$18.00	Combined Meals Total	\$
Transportation Fees: (Parking, Shuttle, Taxi, etc.)			\$
Supplies: (Description/For What Use)			\$
Other: (Description/For What Use)			\$
Other: (Description/For What Use)			\$
Other: (Description/For What Use)			\$
			\$
Total Reimbursed to Employee			\$

Signed _____ Budget No. _____
 Employee

Approved _____ Date _____
 Supervisor