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 _____ @	$
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 - $ 13.00 Lunch - $15.00 Dinner - $26.00 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