MONTH:

CHEHALIS
SCHOOL DISTRICT
Learners Today. Leaders Tomorrow.
310 SW 16th St • Chehalis, WA 98532

NON - EMPLOYEE TRAVEL EXPENSE VOUCHER

NAME:_____

Address:_____

_____

Phone #:_____Building:_____

ALL ORIGINAL, ITEMIZED RECEIPTS MUST BE
INDIVIDUALLY TAPED (NOT STAPLED) TO A SEPARATE SHEET* ATTACHED TO THIS FORM
*add sheets as necessary

	AMOUNT
MEALS: **(ORIGINAL, ITEMIZED RECEIPTS REQUIRED)** *Minimal reimbursement will be applied if ORIGINAL, ITEMIZED receipt NOT included: Breakfast $8; Lunch: $10; Dinner $18.*	$
HOTEL	$
MILEAGE: # of miles _____ @ $0._____/per mile	$
OTHER TRANSPORTATION	$
Business Purpose:	
TOTAL=	$

I, the undersigned, do hereby certify under penalty of perjury that the materials furnished, services rendered or expense incurred is a true and correct expense; that the claim is just and due; and that I am authorized to purchase the items listed above.

Signature:_____ date:_____

Administrator approved signature: _____ date:_____

Office Use ONLY **ACCOUNT CODE**	*Office Use ONLY* **AMOUNT**
TOTAL=	

=TOTALS MUST MATCH

DATE	MEALS (ORIGINAL, ITEMIZED RECEIPTS REQUIRED)			Hotel Room	MILES	DESTINATION	PURPOSE FOR TRIP
	BREAKFAST	LUNCH	DINNER				
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							
21							
22							
23							
24							
25							
26							
27							
28							
29							
30							
31							
TOTAL	$	$	$	$			

Other Transportation			
DATE	FROM - TO	MODE of Transportation	AMOUNT
TOTAL			$