WILLISTON SCHOOL DISTRICT 29
EXPENSE VOUCHER

Employee_____ **Position**_____**Grade**____**Subject**_____**Date**_____

Name of Conference_____

Destination_____

Dates: From_____ To_____

Funding Source:_____

Substitute Required? YES NO Approved ☐
Disapproved ☐

Supervisor Approval_____Date_____

*****Please attach Leave of Absence Form, Map Quest/ Google Maps and Conference Agenda*****

Hotel_____

Was Hotel Paid by District Credit Card?

YES ☐ Attach Hotel Confirmation of Reservation
NO ☐ Attach Personal Receipt

Was Registration Fee Paid by District Credit Card?

YES ☐ Attach Registration Receipt
NO ☐ Attach Personal Receipt

Was Plane Fare Paid by District Credit Card?
YES ☐ Attach Airline Receipt
NO ☐ Attach Personal Receipt

Mileage: The district will reimburse travel for school purposes by designated personnel based upon a minimum of the most direct route from place of residence or from district office (whichever is closer) and return trip, per mile rate allowable by the Internal Revenue Services. Attach driving directions.
Receipts are required when employees pay Auto Rental, Plane Fare, Parking Fee and /or Hotel.

MEALS: Per Diem

Breakfast: $ 11.00 (Departing before 6:30am)

Lunch: $ 12.00 (Depart before 11:00am & return after 1:30 pm)

Dinner: $ 23.00 (Returning after 8:30 pm)

*****ONE DAY conferences and/or meals included on agenda are NOT subject to meal reimbursement*****

Date	Depart	Return	Breakfast	Lunch	Dinner

TOTAL $_____

Total Cost of Meals..... $_____

Auto Miles _____x .54 = ... $_____

Plane Fare ..... $_____

Hotel ..... $_____

Miscellaneous Expenses .....$_____

Total Expense Due to Employee..... $_____

ACCOUNT NUMBER (S)_____

_____Date_____
Superintendent Approval