

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

**\*\*\*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 maximum 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**

**Per Diem**

Breakfast In \$6/Out \$7 (Depart before 6:30 a.m.)

Lunch In \$7/Out \$9(Return after 1:30 p.m.)

Dinner In \$12/Out \$16 (Return after 8:30 p.m.)  
*Cost Principle Rates per GSA*

Date	Depart	Return	Breakfast	Lunch	Dinner
<b>Total</b>			<b>\$</b>		

Total Cost of Meals..... \$ \_\_\_\_\_

Auto Miles \_\_\_\_\_ x .58 ..... \$ \_\_\_\_\_

Plane Fare ..... \$ \_\_\_\_\_

Hotel ..... \$ \_\_\_\_\_

Miscellaneous Expenses..... \$ \_\_\_\_\_

**Total Expense Due to Employee..... \$ \_\_\_\_\_**

**ACCOUNT NUMBER (\$)** \_\_\_\_\_

Employee \_\_\_\_\_ Date \_\_\_\_\_

Principal \_\_\_\_\_ Date \_\_\_\_\_

Funding Mgr. \_\_\_\_\_ Date \_\_\_\_\_

Superintendent \_\_\_\_\_ Date \_\_\_\_\_