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 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

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

TOTAL $_____

Total Cost of Meals..... $_____

Auto Miles _____ x .58 = ... $_____

Plane Fare ..... $_____

Hotel ..... $_____

Miscellaneous Expenses .....$_____

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

ACCOUNT NUMBER (S)_____

Employee_____**Date**_____

Principal_____**Date**_____

Funding,Mgr_____**Date**_____

Superintendent_____**Date**_____