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_____

Superintendent Approval_____Date_____

*****Please attach Leave of Absence Form for Superintendent Approval*****

Hotel_____

Confirmation No._____

Cost of Hotel $_____

Hotel Paid by District Credit Card:
YES ☐ Attach Hotel Confirmation of Reservation

NO ☐ Attach Personal Receipt

Registration Fee Paid by District Credit Card:
YES ☐ Attach Registration 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:

The district will pay meal reimbursements at the following rates.

Breakfast: $ 11.00 (Depart before 6:30am & return after 11:00 am)

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

Dinner: $ 23.00 (Depart before 5:15pm & return 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 _____..... $ _____
(Attach MapQuest)/District car available Y/N

Plane Fare (Attach Documentation)…. $ _____
*If not PAID by the District

Hotel (Attach Documentation) …….. $ _____
If not PAID by the District

Miscellaneous Parking, Taxi. Etc.)….. $ _____
(Attach Receipts)
Not to exceed $5.00 per day for incidentals

Total Expense Due to Employee…… $ _____

ACCOUNT NUMBER (S)_____

_____Date_____
Principal/Director/Supervisor Approval

_____Date_____
Superintendent Approval