Wattsburg Area School District

2018 - 2019 School Year

Monthly Travel & Conference Expense Voucher

January 2019 - June 2019
0.58 per mile

Name _____

Building _____

For the Month of: _____

Grade	
Subject	

Program/Grant	
Category	
Objective No.	

Date	Travel Miles	Other Costs*	Location or Destination	Description (Program/Grant/Account)	Total Cost

Total Miles 0.00 **Total Other Costs** $ 0.00 **Total Amount Due** $ 0.00

- **Maximum Reimbursable Costs for Meals: Breakfast, $10; Lunch, $10; Dinner $15**
- **Conference/Workshop Report Form must be submitted to the Assistant to the Superintendent**

***SPECIFY "OTHER COSTS"**
ATTACH ORIGINAL RECEIPTS, maintain a copy for your records

MUST BE RECEIVED BY THE 2ND MONDAY OF EACH MONTH

To the best of my knowledge, the record above is a true accounting of travel expenses incurred in performing my duties as an employee of the Wattsburg Area School District. I request reimbursement from Wattsburg Area School District.

_____ _____
Employee Signature Date

_____ _____
Approved by Principal, Supervisor, or Program coordinator Date