

**Wattsburg Area School District**  
**2021 - 2022 School Year**  
**Monthly Travel & Conference Expense Voucher**

**July 2021 - December 2021**  
**0.56 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** \_\_\_\_\_ **Total Other Costs** \_\_\_\_\_ **Total Amount Due** \_\_\_\_\_

- ❖ **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 2<sup>ND</sup> 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