

DAVENPORT SCHOOL DISTRICT

PAYEE

VOUCHER DATE

Payment request for reimbursement of travel expenses incurred by the above in the performance of official duties and business for and approved by the Davenport School District as shown in detail below and receipts, as applicable, attached.

I hereby certify, under penalty of perjury, that this is a true and correct claim for expenses incurred by me and that no payment, other than that deducted from the shown expenses, has been received by me on account thereof.

Signature

Signature Date

EXPENSE SUMMARY

Meals _____	\$ _____
Room _____	\$ _____
_____	\$ _____
Miles Traveled _____ @ \$.53.5 per mile	\$ _____
Other _____	\$ _____
Sub-Total	\$ _____
LESS ADVANCED RECEIVED	\$ _____
VOUCHER AMOUNT TO PAY	\$ _____

Approved By

MILES, ROOM, & TRAVEL MILEAGE DETAIL

DATE MM-DD-YY	AM \$10	LU \$15	PM \$25	ROOM	VEHICLE MILES	DEPART FROM & TIME ARRIVAL AT & TIME	PURPOSE OR REASON FOR TRIP

***Meals Per Diem Rates (no receipt needed): AM=\$10.00, Lunch=\$15.00, PM=\$25.00, X=No Cost**

OTHER DETAIL (Parking, Shuttle, Car Rental, Etc)

DATE MM-DD-YY	DESCRIPTION	AMOUNT	DATE MM-DD-YY	DESCRIPTION	AMOUNT

FOR ACCOUNTING USE: