



# 2020 Travel & Expense Voucher Jackson County School District

Insert trip information in block areas

**Name of Employee:**

**Date(s) of Trip:**

**Name of Event:**

**Location:**

**Purpose:**

**Date of Board Approval:**

**From:**   **To:**    
City State City State

## REIMBURSEMENT REQUEST:

**Mileage** Miles @ (effective 01/01/2019)

**Meals - Per Actual Costs Not to Exceed Daily Maximum**

**Lodging - Per Attached Receipts**

**Fees - Per Attached Receipts**

**Taxi/Uber/Rental Car - Per Attached Receipts**

**Other - Per Attached Receipts**

**TOTAL REIMBURSEMENT REQUEST**

**Line Item Funding Source:**

**School/Department:**

*Employee Signature* \*:

*Title:*

*Supervisor Signature:*

*Title:*

**\*Subject to any difference determined by verification, I certify that the above claimed by me for travel expenses for the period indicated is true and accurate in all respects, and that payment for any part has not been received. In the event of overpayment, I agree that any future salary/travel disbursements may be debited to correct the overpayment.**