

MARION SCHOOL DISTRICT	NEPN CODE: DCL-E
FISCAL MANAGEMENT	

TRAVEL VOUCHER

Name _____

Purpose of Travel _____

Location _____

Date of Departure _____ Time of Departure _____ : _____ am/pm

Date of Return _____ Time of Return _____ : _____ am/pm

Type of Transportation: Personal Vehicle
(circle one)

School Vehicle _____

Other _____

Meals Requested (not applicable for same day travel)

of Breakfasts _____

of Lunches _____

of Suppers _____

Other Reimbursements (please attach receipts)

Explanation _____

Total Claim Amount	Mileage	\$	_____
	Meals	\$	_____
	Other	\$	_____
	Total	\$	<u>_____</u>

I declare and affirm under the penalties of perjury that this claim has been examined by me, and to the best of my knowledge and belief is in all things true and correct.

Claimant Signature _____ Date _____

Approved By _____ Date _____