

# VOUCHER REQUEST

Waseca School District #829

Payee: \_\_\_\_\_ Today's Date: \_\_\_\_\_ Attention to: \_\_\_\_\_

Full Address [for check]: \_\_\_\_\_ Vendor Number: \_\_\_\_\_

- Building + Name [if returning to Staff Member]: \_\_\_\_\_ / \_\_\_\_\_

I. **EXPENSES:** Attach DETAILED receipts to the back of this voucher. RATE FOR January 1, 2019 thru December 31, 2019 = .575/Mile

**\*Please Read:** All Requests for travel reimbursement expenses must be turned in on a **monthly** basis and are due in the District Office **by the 5<sup>th</sup> of the month following the expenses**. We cannot reimburse for expenses until AFTER the event has occurred. Expenses turned in after July 31st for a prior fiscal year will be processed according to a date determined by the District Office.

Trip Date	Destination & Purpose of Trip	# of Miles	Reimb. Rate	Lodging	Parking	Breakfast (\$10.00 Max)	Lunch (\$15.00 Max)	Supper (\$25.00 Max)	Total Cost	Account Code (Office Use)
	IN-DISTRICT MILES (from back side):									
	<b>TOTALS</b>									

II. **REGISTRATION FEES** *[Please check all that apply.]*

- A. Registration form attached \_\_\_\_ -or- Registered Online/confirmation attached \_\_\_\_    B. District to send payment? \_\_\_\_ -or- Hand-deliver check? \_\_\_\_
- C. Reimbursement requested [receipt required/attached] \_\_\_\_    D. Leave entered on AESOP? \_\_\_\_

Event Date	Explanation/Title of Event	Amount	Account Code (Office Use)

*I declare, under the penalties of perjury, that this account, claim, or demand is just and true, and that no part of it has been paid.*

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Budget Manager Approval: \_\_\_\_\_ Date: \_\_\_\_\_ Voucher Request total: \$ \_\_\_\_\_

District Approved: \_\_\_\_\_

**IN-DISTRICT MILEAGE FOR THE MONTH OF \_\_\_\_\_**

Date	Miles	Destination From To		Purpose

**Total Miles:** \_\_\_\_\_ (Put total miles on "IN-DISTRICT MILES" line on the front of this form.)