

Account number: _____

SOUTHEASTERN REGIONAL SCHOOL DISTRICT

EXPENSE VOUCHER

NAME: _____ ADDRESS: _____	PERIOD COVERED FROM: _____ TO: _____
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DATE	DESCRIPTION	PRIVATE AUTO @ \$.575		FARES TOLLS PARKING	MEALS			OTHER EXPENSE TUITION/ REG.	TOTAL EXPENSES
		MILES	AMOUNT		BREAK	LUNCH	DINNER		
			\$						\$
	TOTALS								

Purpose of Trip: Destination:							
	TOTAL						\$

I HEREBY CERTIFY UNDER PENALTY OF PERJURY THAT THE ABOVE AMOUNTS AS ITEMIZED IS TRUE AND CORRECT.

Signed: _____
Employee

Approved: _____
Supervisor

Approved: _____
Principal/Director

Approved: _____ <div style="text-align: right; margin-top: 5px;"> Superintendent/ Business Manager </div>
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Expenses Vouchers are to be submitted, with receipts, immediately following the end of the month in which expense has occurred. Requests for payment that are not accompanied by receipts will not be paid. Rates of reimbursement for mileage per section nine, Mileage Allowance, of the federation contract and according to the Internal Revenue Service as of 7/1 each year. In the case of professional development courses, certificate of attendance and/or completion of course is also required.