

ACTIVITY FUNDS TRAVEL VOUCHER

NAME: _____

TRIP TO: _____

PURPOSE OF TRIP: _____

DATE(S) OF TRIP: _____

Reimbursement for meals will only be allowed if the trip requires an overnight stay.

DATE (month/day)							
BREAKFAST							
LUNCH							
DINNER							
DAILY MEAL TOTALS (Cannot exceed \$46.00 per day within the State.)							TOTAL MEALS \$
LODGING							TOTAL LODGING \$
REGISTRATION AND/OR DUES (attach receipts)							\$
MILEAGE = _____ MILES @ _____ PER MILE							\$
OTHER EXPENSES (itemize below)							\$
TOTAL EXPENSES							\$

ACCOUNT NO. _____

REQUESTED BY

DATE

ATHLETIC DIRECTOR'S SIGNATURE

DATE

PRINCIPAL'S SIGNATURE

DATE

PURCHASE ORDER NUMBER _____

DATE _____