

Independent School District #883 – Rockford MN

Travel Voucher Request

For District Use Only

Check payable to: _____ Date _____
 (If an individual's name – as issued on social security card.)

		Attach Receipts						
Date	Destination and Purpose of Trip	Miles	Lodging	Parking	Breakfast	Lunch	Dinner	Total Cost
	<i>In District (See Reverse for Detail)</i>	XXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXXX
Total Mileage _____ @ .535 cents per mile (As of 1-1-2017)								
								Total

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.

Signed _____

The effect of this verification shall be the same as if subscribed and sworn to under oath.

Account Code	Amount Requested	Check Date	Invoice Number
	.		
	.		
	.		
	.		

▲
 E – Expenditure
 L – General Ledger
 R – Revenue

▲
 D - Debit
 C – Credit

Supervisor's Signature _____

Travel within the school district for the month of _____, 20_____.

DATE	MILES	DESTINATION		PURPOSE
		FROM	TO	
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
24				
25				
26				
27				
28				
29				
30				
31				
Total Miles				