



Travel and Purchase Expense Voucher

Pay to the order of: _____
 Address: _____
 School/Location: _____

- Guidelines:**
- *All reimbursals must be turned in with administrator approval within 10 days of travel
 - *Maximum gratuity reimbursement allowed is 15% for meals
 - *Must turn in the *itemized* receipts-no alcohol or additional meals to be reimbursed

Travel: Date left: _____ Date returned: _____ Destination: _____
 Departure time: _____ Return time: _____
 Purpose of travel: _____
 Type of transportation: _____
 Personal vehicle mileage: _____ Miles @ _____ cents per mile \$ _____
Lodging: _____ \$ _____
Registration: _____ \$ _____

Date	Breakfast	Lunch	Dinner	Amount	Other expenses
					Parking/cab \$ _____
					Misc: \$ _____
					Total meals: \$ _____
					Total other travel: \$ _____
Total					Total requested: \$ _____

Rates allowed (including gratuity):

Breakfast	Lunch	Dinner	2024 Mileage
\$18	\$20	\$36	\$0.67 per mile

Purchased Expenses				
Date	Vendor	Items and Reason for Purchase	Amount	Budget Code
			\$	
			\$	
			\$	
			\$	
			\$	

Total reimbursement: \$ _____

THE FOLLOWING STATEMENT MUST BE SIGNED BY THE PAYEE AND THEIR SUPERVISOR

STATE OF WASHINGTON, County of Skamania

I, the undersigned do hereby certify under penalty of perjury in the second degree that the material furnished, service rendered and expense incurred, opt other item of indebtedness as charged in the

Employee/Payee Signature: _____ Date: _____

Supervisor/Administrator Signature: _____ Date: _____