

TRAVEL REIMBURSEMENT VOUCHER BLANK

VICTOR SCHOOL DISTRICT NO. 7

425 4TH AVENUE

VICTOR, MONTANA 59875

Name _____

Address _____

DATE _____

Title of workshop/ meeting: _____			Date of workshop/ meeting: _____		
To/from Victor (or home)		Time of departure: _____ a.m. _____ p.m.	Time of Return: _____ a.m. _____ p.m.		
Date(s)	Quantity	Description	Unit cost	Total Amount	
	miles	Destination: _____	.054/mile		
		Breakfast(s)	5.00		
		Lunch(es)	6.00		
		Dinner(s)	12.00		
Travel reimbursements are made in accordance with the laws and administrative rules of the State of Montana. No receipts are required for the above items. Items below are generally paid to the vendor. Receipts are required in order to claim reimbursement.					
		Commercial travel			
		Lodging			
		Registration			
		Local transportation			
		Gas			
		Other: _____			
TOTAL					

Approved by _____

Name, Title

Funding

The undersigned says that the items mentioned in the foregoing account were furnished as therein stated and that the amount claimed is correct, just, due, and wholly unpaid.

NOTICE: All reimbursement vouchers must _____ Payee _____

be submitted on or before the 5th of the month or they will be held until the next board meeting. By _____

Suzanne Neville / Business Manager