

Stanwood-Camano School District No. 401
26920 Pioneer Highway Stanwood, WA. 98292

TRAVEL VOUCHER – 2 sided form

****PLEASE RETURN COMPLETED FORM TO ACCOUNTS PAYABLE.** You will receive reimbursement on the next available payable schedule (reimbursements are done twice monthly). Please claim each travel separately.

Employee Name: _____ Reason for Reimb: _____
(i.e. Workshop, Conference, travel between schools)

Mailing Address: _____

Record misc. sundry expenses here (taxi, parking, etc.)

Day	Paid To	For	Sundry Amount

Total Sundry exp. claimed above: \$ _____
*Detailed Receipts must be attached

Total Miles Claimed (page 2): \$ _____
_____ miles X 0.56 per mile

Lodging (if applicable, page 2): \$ _____
*If the district issued a PO# or district Visa card, **do not** claim it here)

Total Overnight Meals (page 2): \$ _____
(Receipts **not** required, but log on back must be filled out to receive per diem)

GRAND TOTAL OF EXPENSES \$ _____

I hereby certify under penalty of perjury that this is a true and correct claim for necessary expenses incurred by me and that no payment has been received by me on account thereof.

Budget Code: _____

(Print and Sign Form) / _____
Employee Date

Principal/Supervisor Signature / _____
Date

Settlement of this claim requires that it be fully itemized as per RCW 42.24.090

COMPLETE BACK OF FORM Updated 1/2021

