



2011 – 2012

BUSINESS OFFICE

IN-DISTRICT TRAVEL VOUCHER FORM

This form is used for district employees traveling to schools within the District. If you need additional space you may attach a separate sheet and reference it below. This form should be turned in for reimbursement at least quarterly. Please call the business office at 920.563.7800 if you have any questions.

Barrie to Purdy 1.5
 Barrie to Rockwell 0.6
 Barrie to Middle School 1.4
 Barrie to High School 0.9
 Barrie to Luther 1.3

Luther to Barrie 1.3
 Luther to Purdy 0.3
 Luther to Rockwell 1.4
 Luther to Middle School 0.7
 Luther to High School 2.4

Purdy to Barrie 1.5
 Purdy to Rockwell 1.6
 Purdy to Middle School 0.6
 Purdy to High School 2.4
 Purdy to Luther 0.3

Rockwell to Barrie 0.6
 Rockwell to Purdy 1.6
 Rockwell to Middle School 1.5
 Rockwell to High School 1.0
 Rockwell to Luther 1.4

High School to Barrie 0.9
 High School to Purdy 2.4
 High School to Rockwell 1.0
 High School to Middle School 2.3
 High School to Luther 2.4

Middle School to Barrie 1.4
 Middle School to Rockwell .. 1.5
 Middle School to Purdy 0.6
 Middle School to Luther 0.7
 Middle School to H.S. 2.3

Please list between building travel route(s) and # of days traveled

No. of Days

From _____ to _____

From _____ to _____

From _____ to _____

From _____ to _____

Number of Days Traveled in Quarter	X Actual Mileage	=	Total Miles
_____	_____		_____
_____	_____		_____
_____	_____		_____
_____	_____		_____

TOTAL MILEAGE _____ @ \$0.555 (IRS RATE) = REIMBURSEMENT REQUESTED:

I certify that the mileage claimed above is correct and accurate and that I have made the in-district trips as listed above.

Employee Signature _____

Date _____

Printed Name _____

Building _____

ACCOUNT CODES:

_____	_____	_____	_____	_____	_____
(Fund)	(Location)	(Object)	(Function)	(Project)	(Amount)
_____	_____	_____	_____	_____	_____
(Fund)	(Location)	(Object)	(Function)	(Project)	(Amount)
_____	_____	_____	_____	_____	_____
(Fund)	(Location)	(Object)	(Function)	(Project)	(Amount)

Total Accounted For
 Must Match Reimbursement

SUPERVISOR'S APPROVAL: _____

DATE: _____

BUSINESS MANAGER'S APPROVAL: _____

DATE: _____