

North Ridgeville City Schools

Out of District Travel Expense Voucher

Name _____ School _____

Address _____

Purpose of Trip _____ P. O. # _____

Meeting Date (s) _____ Meeting Place _____

TRAVEL: Number of Miles Traveled

From _____ To _____ Miles

From _____ To _____ Miles

(Mileage Reimbursement: Effective 1/1/20--\$.575, 1/1/21--\$.56 annual allowance per mile)

Total Number of Miles @ \$. _____ per mile \$ _____

LODGING: Attach Receipt (less tax)

Dates: _____ \$ _____

MEALS: Within reason meals will be reimbursed 100% with receipts and up to \$20.00 per day without receipts:

Breakfast (\$4.00 maximum without receipts) Dates: _____ \$ _____

Lunch (\$6.00 maximum without receipts) Dates: _____ \$ _____

Dinner (\$10.00 maximum without receipts) Dates: _____ \$ _____

REGISTRATION FEE: Attach Receipt

\$ _____

PARKING: Attach Receipt

\$ _____

TOTAL REIMBURSEMENT \$ _____

I certify that claims for reimbursement listed hereon are true, that the mileage listed was actually driven on school business, and that the expenses incurred were in accordance with school board policies and/or administrative regulations.

Traveler's Signature _____ Date _____

Approved By _____ Date _____
Principal's / Supervisor's Signature

Approved By _____ Date _____
Director's / Superintendent's Signature