

**PINELANDS REGIONAL SCHOOL DISTRICT  
2009 TRAVEL EXPENSE & MILEAGE REIMBURSEMENT VOUCHER**

**PO #**

NAME	Department	Date Submitted
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DATE	START LOCATION (School) OR OTHER LOCATION (Home - <i>City and State only</i> )	END LOCATION (Complete Address of Destination) OR OTHER LOCATION (Home - <i>City and State only</i> )	REASON FOR TRAVEL (workshop, training, meeting, etc)	MILEAGE (Each Way)
	Start:			
	Return:			
	Start:			
	Return:			
	Start:			
	Return:			
	Start:			
	Return:			
	Start:			
	Return:			
	Start:			
	Return:			

Total Due: MILEAGE @ **.31 cents per mile**      \$

Tolls/Parking      \$

Meals/Other      \$

**GRAND TOTAL DUE**      \$

**PLEASE ATTACH  
(IF APPLICABLE)**

- ALL RECEIPTS
- APPROVED/BOARD APPROVED  
PROFESSIONAL DAY REQUEST FORM
- SUMMARY REPORT

I do solemnly declare and certify under the penalties of law, that the within bill is correct in all its particulars and that the amount therein is justly due and owing

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

Account/Amount Charged	APPROVALS	PAYMENT RECORD
\$	Supervisor	Date Paid
\$	Superintendent	Check No.
\$	Business Administrator	