

Travel/Mileage Reimbursement Voucher

The Travel/Mileage Reimbursement Voucher will be completed any time an employee is due reimbursement for travel expenses. A blank copy of the form may be found by clicking [here](#) or on the district website.

- Step 1 Obtain all mileage/itemized receipts pertaining to the meeting and/or travel for reimbursement.
 - A. The current mileage rate may change quarterly, based on the state mileage rate.
- Step 2 Complete all information on the reimbursement voucher.
- Step 3 Make sure the appropriate codes for payment are listed. (Funding source).
- Step 4 The employee receiving reimbursement will need to sign the voucher.
- Step 5 The Building Principal/Supervisor/Designee will also sign for payment approval.
- Step 6 Send the completed voucher along with any itemized receipts and the approved Professional Meeting and/or Travel Request Form to the board office for payment.
- Step 7 Once board approved, the payment will be made to the employee.

ITINERATE STAFF TRAVEL

For travel between schools, follow the above steps for the Travel/Mileage Voucher and a Payment Approval Form. Procedures and forms can be found by clicking [here](#) and [here](#) or on the district website.

The set distances between campus are as followed:

LCMS to NLES/LCMS – 8 miles

LCMS to SLES – 5 miles

SLES to NLES/LCMS – 13 miles

PLEASE SEE THE FOLLOWING EXAMPLE OF THE PROFESSIONAL MEETING/TRAVEL REQUEST FORM

TRAVEL/MILEAGE REIMBURSEMENT VOUCHER

Employee Name: _____
 Address: _____
 City/State/Zip: _____

(An Approved Professional Meeting Travel Request Form is required for payment.)

Funding Source - How will mileage expense be paid? Organization Code Object Code Project Code			Date of Completion: Purchase Order #: Invoice #:
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	DATE	TO	FROM	Reason for Travel	# OF MILES
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
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21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					

TOTAL MILEAGE 0
 CURRENT MILEAGE RATE x.41
 TOTAL COST \$0.00

Other Miscellaneous Expense

(ITEMIZED Receipt(s) required for payment)

Description	Amount	Funding Source - How will expense(s) be paid?		
		Organization Code	Object Code	Project Code

Total Cost \$0.00

Total Reimbursement \$0.00

I hereby certify that the above is a correct statement of amount due from the Livingston County Board of Education for articles furnished or services rendered as itemized.

EMPLOYEE SIGNATURE _____ DATE _____

BUILDING PRINCIPAL/SUPERVISOR/DESIGNEE SIGNATURE _____ DATE _____

BOARD OFFICE USE ONLY	
PO DATED PRIOR TO PURCHASE CONFIRMATION ("OK TO PAY")	VENDOR # AMOUNT PAID \$ CHECK NUMBER
APPROVED FOR PAYMENT SIGNATURE: _____	Revised/Reviewed 2/18/2019

**EXAMPLE OF THE
 TRAVEL/MILEAGE
 REIMBURSEMENT
 VOUCHER**