

### AUGUSTA INDEPENDENT TRAVEL EXPENSE VOUCHER

Name \_\_\_\_\_  Board Member    Employee    Itinerant Employee  
 Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Type of Trip:    Day Trip    Overnight Travel

DATE	TIME		LOCATION/PURPOSE	MILEAGE		MEALS	LODGING	REGISTRATION	OTHER
	Depart	Return		# of Miles	\$ Amount	\$ Amount	\$ Amount	\$ Amount	\$ Amount
<b>Totals</b>									
									<b>GRAND TOTAL:</b>

- Daily meal limit is \$40. Tips are included in the daily reimbursement limit. *Itemized receipts are required for meal reimbursement.* (Food reimbursement only takes place for overnight stays.)
- Mileage will be reimbursed at forty cents (.40) per mile.
- Please submit within 14 days of trip. Please attach all *itemized* receipts for expense reimbursement.

\_\_\_\_\_  
*Employee's Signature*    *Date*    *Signature of Superintendent/designee*    *Date*

**Board Office Use:**

\_\_\_\_\_          \_\_\_\_\_          \_\_\_\_\_          Department/Account: \_\_\_\_\_  
Org                          Object                          Project