AUGUSTA INDEPENDENT TRAVEL EXPENSE VOUCHER

Name _____ ☐ **Board Member** ☐ **Employee** ☐ **Itinerant Employee** **Date Submitted** _____

Home Address _____ **City** _____ **State** _____ **Zip** _____

DATE	TIME		LOCATION/PURPOSE	MILEAGE		FOOD		LODGING	REGISTRATION	OTHER	
	Depart	Return		# of Miles	$ Amount	Meals	Tips*				
Totals											
									GRAND TOTAL:		

*** Tips in excess of 15% of the cost of food will not be approved. (Food reimbursement only takes place for overnight stays.)**

- Mileage will be reimbursed at thirty-eight cents (.38) per mile.

- Please submit within 30 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

Revised Feb. 2016