



**MANILA SCHOOL DISTRICT  
PRE & POST TRAVEL  
VOUCHER**



FOR REIMBURSEMENT OF EXPENSES INCIDENT FOR OFFICIAL PRE & POST TRAVEL APPROVAL

EMPLOYEE NAME: \_\_\_\_\_

For mileage for privately owned automobile used by me for transportation and reimbursement of authorized expenses paid by me in the discharge of official duty as per itemized statement within.

NAME OF MEETING: \_\_\_\_\_

PLACE OF MEETING: \_\_\_\_\_

FROM: \_\_\_\_\_, 20\_\_\_\_ TO: \_\_\_\_\_, 20\_\_\_\_

AMOUNT CLAIMED	Over Night Stay: YES/NO	
	Pre-Travel	Post-Travel
Meals: Breakfast ____ x ____ = _____ Lunch ____ x ____ = _____ Dinner ____ x ____ = _____	\$ _____	\$ _____
Lodging (Personally Paid w/ Prior Approval)	\$ _____	\$ _____
Travel Destination: _____	\$ _____	\$ _____
Total Miles Round Trip: _____ x .42 = _____		
Other Travel Costs: _____	\$ _____	\$ _____
<b>Total Claimed (Refund)</b>	\$ _____	\$ _____
Supervisor's Initials & Date	_____ & _____	_____ & _____

**NOTE:**

For meal allowances, departure should occur before 8:00 a.m. for breakfast, 12:00 noon for lunch, and before 6:00 p.m. for dinner. Meals can only be reimbursed when an overnight stay has occurred. If meals are provided by hotel or conference, please indicate the date and meal provided. Do not claim any meal provided as reimbursement. Meal receipts are not required for reimbursement. All other receipts must accompany expense report. This form must be turned in prior to travel, and finalized upon return with document verification for expenses to be reimbursed. Proof of meeting documentation can be a meeting notice, email, agenda, etc. with the name and date of meeting.

**Departure Time:** \_\_\_\_\_ **--- Return Time:** \_\_\_\_\_

MAXIMUM MEAL REIMBURSEMENT RATES: \$40 Total Per Day

- Breakfast: \$5.00
- Lunch: \$12.00
- Dinner: \$23.00
- Total: \$40.00

Subject to any difference determined by verification, I certify that the amount claimed by me for travel expenses for the period indicated is true and accurate in all respects, and that payment for any part has not been received.

Employee's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Supervisor's Signature: \_\_\_\_\_

Date: \_\_\_\_\_