LAS VIRGENES UNIFIED SCHOOL DISTRICT TRAVEL EXPENSE VOUCHER

Staple Receipts to

Back of this Corner

January 1 - December 31, 2024

Claim of:			These color cells use formulas, leave as is please.					Date of Claim:					
Home Address:				_				Account No.:					
City/Zip:			=					School/Dept:					
Date	Destination & Purpose	Cost per Day - Meals ***						Transportation		4	Parking, Taxi, Phone		
						Hotel *	Public	Personal Car	@ \$0.67 /mi	Registration		Total per Day	
		B***	L***	D***	Total Meals		Carrier/Airfare **	Miles	Amount (\$)		(Explain)**		
	to Site				-				_			_	
					_								
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	I hereby certify that this claim meets the provisions of Educa adopted Governing Board Policy. The supporting receipts an	nd documents ar	re on file in the					ed the amount b					
Funds expended <u>do not include</u> costs for any alcoholic beverages.								Signed:		Claimant			
** Original r	e must be within 150% of the GSA lodging rate and include a co https://tinyurl.com/GovernmentLodgingRate eceipts must be attached Itemized Receipts & Explanation required.	<u>s</u>			owing link:					Claimant			
The following are maximum reimbursable amounts for individual meals when traveling out of				ork:				Approved:	Site Administrator				
	Breakfast Lunch Dinner	: \$ 20.00											
		,						*Additional ap	proval when expense	s are over \$2,00	0 threshold:		
Documentation must be attached for travel distance miles outside district based on shorte S. GSA website (https://tinyurl.com/GovernmentLodgingRates).				ice (i.e., Mapquest) and approved lodging rate per the U.				Approved:	roved:			dany	
									Director.	o. ziemenary/ L	cator or actorit	-u. ,	
								**Additional approval when using Grant accounts					
								Approved:					
									Assistant/Superintendent / CBO				