

2011 TRAVEL EXPENSE VOUCHER  
 For Expenses to be Reimbursed to Employee  
 Ames Community School District  
 415 Stanton Avenue  
 Ames, IA 50014

NAME \_\_\_\_\_ HOME ADDRESS \_\_\_\_\_ DATE \_\_\_\_\_

This form is to be used for reimbursement of expenses paid by those representing the Ames Community Schools on trips for which expenses are approved. The district will not reimburse the cost of alcoholic beverages, spouses' expenses, gifts, souvenirs, or entertainment. This form is to be routed to the Superintendent or designee for approval.

**Please Note:** Allowances as established in district policy DLC are as follows. In-state: \$26 per day for food. Out-of-state: \$34 per day for food. **ITEMIZED RECEIPTS** for **all** expenses must be attached to this travel expense voucher. Failure to have all the necessary paperwork attached will delay your payment.

DATE	EXPLANATION	AMOUNT
_____	NATURE OF MEETING _____	
	WHERE _____ AUTO EXPENSE _____ MILES @ 55.5¢	_____
	MEALS: BREAKFAST \$ _____ LUNCH \$ _____ DINNER \$ _____	_____
	HOTEL _____	_____
_____	NATURE OF MEETING _____	
	WHERE _____ AUTO EXPENSE _____ MILES @ 55.5¢	_____
	MEALS: BREAKFAST \$ _____ LUNCH \$ _____ DINNER \$ _____	_____
	HOTEL _____	_____
_____	NATURE OF MEETING _____	
	WHERE _____ AUTO EXPENSE _____ MILES @ 55.5¢	_____
	MEALS: BREAKFAST \$ _____ LUNCH \$ _____ DINNER \$ _____	_____
	HOTEL _____	_____
_____	NATURE OF MEETING _____	
	WHERE _____ AUTO EXPENSE _____ MILES @ 55.5¢	_____
	MEALS: BREAKFAST \$ _____ LUNCH \$ _____ DINNER \$ _____	_____
	HOTEL _____	_____
_____	OTHER: _____	_____
	_____	_____
	_____	_____
	<b>TOTAL \$</b>	_____

**ADMINISTRATOR'S APPROVAL/SIGNATURE:** \_\_\_\_\_

**ACCOUNT NUMBER TO BE CHARGED FOR EXPENSES:** \_\_\_\_\_