

WASHINGTON COUNTY, TENNESSEE
OFFICIAL TRAVEL EXPENSE VOUCHER

NAME _____ STREET _____

CITY _____ STATE _____ ZIP _____

RECEIPTS FOR HOTEL BILLS MUST BE ATTACHED

DATE	Breakfast	Lunch	Supper	Airfare	Auto mileage @ .47/mile	Rental Car	Lodging	Parking	Telephone	Other (specify)	TOTALS
	8\$	12\$	18\$								
TOTALS											

TRAVEL FROM: _____

TRAVEL TO: _____

OTHER TRAVEL: _____

DESTINATION & PURPOSE OF TRIP: _____

TOTAL MILES TRAVELED _____
 REIMBURSEMENT FROM OTHER SOURCES _____
 AMOUNT REQUESTED _____
 LESS ADVANCE _____

AMOUNT DUE TRAVELER _____

I CERTIFY THAT THE ABOVE EXPENSES WERE INCURRED FOR OFFICIAL BUSINESS AND REIMBURSEMENT HAS NOT BEEN RECEIVED FROM ANY OTHER SOURCE OTHER THAN STATED.

SIGNED _____ **POSITION** _____ **DATE** _____

DATE APPROVED _____ BY _____ DIRECTOR OF SCHOOLS

DATE APPROVED _____ BY _____ SUPERVISOR/PRINCIPAL

APPROPRIATION NUMBER - _____

EXPENSE REIMBURSEMENT RATES

PER DIEM REIMBURSABLE MILEAGE RATES

MILEAGE - .47 PER MILE

MEALS	IN-STATE	OUT OF STATE
BREAKFAST	\$ 8.00	\$ 8.00
LUNCH	\$ 12.00	\$ 12.00
SUPPER	\$ 18.00	\$ 18.00
TOTALS	\$ 38.00	\$ 38.00