

**WASHAKIE COUNTY SCHOOL DISTRICT #1  
CREDIT CARD/OUT-OF-DISTRICT TRAVEL VOUCHER**

*Use this form as a daily record--enter all items in detail. Original receipts must be attached (receipts, stubs, hotel bills, etc.)  
VOUCHER WILL NOT BE APPROVED WITHOUT RECEIPTS.*

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ DAY TRIP: \_\_\_\_\_

Name of Conference & Location: \_\_\_\_\_

Others attending conference: \_\_\_\_\_

DATE OF DEPARTURE: \_\_\_\_\_ DATE OF RETURN: \_\_\_\_\_

PURCHASE ORDER/VOUCHER CHARGES	VENDOR	P.O./VOUCHER #	TOTAL
Registration			
Hotel Registration			
Airfare			

**You must attach receipts in order to be reimbursed.**

EMPLOYEE REIMBURSEMENT	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	TOTAL
Meals								
Lodging								
Other								
Mileage								
Mileage Allowance: .14 .285 .505								
To be determined by administrator								
<b>TOTAL</b>								

SCHOOL CREDIT CARD NUMBER: **VISA** **You must attach receipt or reimburse the district.**

SCHOOL CREDIT CARD CHARGES	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	TOTAL
Registration								
Lodging								
Meals - Breakfast								
Meals - Lunch								
Meals - Dinner								
Other								
<b>TOTAL</b>								
<b>GRAND TOTAL</b>								

BUSINESS OFFICE ONLY			PLEASE LIST		I certify that this claim is correct and just in all respects, and that payment or credit has not been received. <b>Sign Here:</b> _____ <b>APPROVED FOR PAYMENT</b> Approved by: _____ Date: _____
Invoice #	Check #	Date Paid	Account Number	Amount	