BELCOURT SCHOOL DISTRICT #7 TRAVEL VOUCHER

Travel Voucher#: _____

### FINANCIAGE SOURCE DESCRIPTION Fig is Crit Fig is C	NAME:					DESTINATION:			Submit Date:			
Time	Reason for Travel:											
Trans	Description of Transp:											
Public P	Dates: From:			To:					Pers Veh Mig (Wr	ite YES or NO):		
Company Comp		Time	Date		Time	Date		If	YES, how many to be	divided by? #:		
Company Comp	FUNDING S	SOURCE DESCRIPTION:						EXE CODE.				
BOOKES (2) OTHER CONTROL OF THE CONT				(e.g. HS Contract Title I, Tiny Turtles, Food Service, State Title I, etc.)								
REAL DOWN OF FOR SAR REF. BANK 1 7 200 S.	EXPENSES ALLOWANCES	NO RECEIPTS REQUIRE	D									
REAL DOWN OF FOR SAR REF. BANK 1 7 200 S.			Fill In City									
Lunch < 12 pm \$ \$ \$ \$ \$ \$ \$ \$ \$	MEALS (NON-ND)	# Qtrs		Totals					Totals			
Supper-60 pm S S S S Supper-60 pm Rate per mile			-	· -					•			
PERSONAL VEHICLE MILES: # Miles: # Miles: # Rale per miles: # See										Ttl Meals:	\$ -	
RESONAL VEHICLE MILES												
EXPENSE ALLOWANCES - RECEIPTS REQUIRED (except as motel): Receipts must be original. Oracli Card receipts not accessed. SINDER TO SOURCE (NO Max: \$56.46 + ax)	DEDSONAL VEHICLE MILES:		# Miles:		Rate per mile:	\$ 0.560			0%	Total Migr	• -	
Answers PS Description Total Cost Per Nite Interest special approval by Suppl: Plant Total Cost Per Nite Tota	T ENGOVAE VEHICLE WILLES.		# Willes.			<u>\$ 0.300</u>			0 /8	rotar mig.	-	
Answers PS Description Total Cost Per Nite Interest special approval by Suppl: Plant Total Cost Per Nite Tota												
Indicate Special approval by Supt): Plane: Plane: Train: Recision Announce of Train County Payments's below; Total Face (Receipts required for claim in excess of \$10.00): Announce Pd Description Announce Pd Description Announce Pd Description Description Description Announce Pd Description Description Total EXPENSES: Total County Per No. 2	EXPENSE ALLOWANCES R	ECEIPTS REQUIRED (ex	(cept as noted);	Receipts must	be originals. Ci	redit Card receipts	not accepted.					
REGISTRATION FEE TO BE PAID BY PERSON TRAVELING (If to be paid to other payee, see 'Other Payments' below): AND FARE (Riccipts required for claim in excess of \$10.00):	LODGING (ND Max: \$86.40 +	tax)	#Nites:		at		Plus Tax @ ?%:		Total Cost Per Nite:	\$ -	Total Lodging:	
REGISTRATION FEE TO BE PAID BY PERSON TRAVELING (if to be paid to other payes, see "Other Payments" below): TOTAL Reg. \$ TOTAL Reg. \$ TOTAL TOTAL TOTAL S TOTAL TOTAL COST THIS TRAVEL. VOUCHER: Ref. B. Check # Date Amount Standard Amount Refl. B. Check # Date Amount Standard Amount Description/Comment/Other Information.; Payee: Pa	unless special approval by Su	upt):	#Nites:		at		Plus Tax @ ?%:	<u> </u>	Total Cost Per Nite:	\$ -	\$ -	
REGISTRATION FEE TO BE PAID BY PERSON TRAVELING (if to be paid to other payes, see "Other Payments" below): TOTAL Reg. \$ TOTAL Reg. \$ TOTAL TOTAL TOTAL S TOTAL TOTAL COST THIS TRAVEL. VOUCHER: Ref. B. Check # Date Amount Standard Amount Refl. B. Check # Date Amount Standard Amount Description/Comment/Other Information.; Payee: Pa	TICKETS:	Plane:		Train:	s	Bus:	s	Other Specify:	s	Total Tkts:	s -	
TAXI FARE (Receipts required for claim in excess of \$10.00): Amount Pd Description Amount Pd Description Amount Pd Description Amount Pd Total Other: \$. Total Other: \$. TOTAL EXPENSES: \$. ERTHIS LINE TO BE FILLED IN BY BUSINESS OFFICE ONLY!!!!!!! INTOTAL EXPENSES: \$. ERTHIFICATION: Inversive carrity that the within beenized statement representing a claim for payment of per diem, mileage or travel expenses (or combination thereof) travibility and accurately states the days of service and the integes pravade, and the purpose thereof i also acknowledge that any willing contribution of an uniqued expense and/or traveling account constitutes a misdemeanor punishable as provided by law. (NDCC lit-less) If unifer agree that expenses claimed on this voucher that are not properly receipted as required above will be reimbursed to the school district. Signature of Payee: PAYMENTS ON THIS TRAVEL VOUCHER: Ref g Advance: Final Payment: Refunded Amount Check # Date Amount Bisnature of PaveeReceiver; Payee: Pay											-	
OTHER EXP: Description Amount Pd Total Other S Total Cost THIS Travel S Total Other S Total Cost THIS Travel S Total Cos	REGISTRATION FEE TO BE PAID BY PERSON TRAVELING (If to be paid to other payer					ayments' below):				Total Reg:	\$ -	
Total Other S	TAXI FARE (Receipts required	d for claim in excess of \$	10.00):							Total Taxi:	\$ -	
THIS LINE TO BE FILLED IN BY BUSINESS OFFICE ONLY!!!!!!! TOTAL EXPENSES: \$ CERTIFICATION: Inhereby certify that the within itemized statement representing a claim for payment of per diem, mileage or travel expenses (or combination thereof) truthfully and accurately states the days of service and the mileage traveled, and the purpose thereof. I also acknowledge that any willful certification of an unlawful expense and/or traveling account constitutes a misdemeanor punishable as provided by law. (NDCC 14-08), I further agree that expenses claimed on this voucher that are not properly receipted as required above will be reimbursed to the school district. Signature of Payee: Signature of Payee: Signature of Payee: PAYMENTS ON THIS TRAVEL VOUCHER: Ref g	OTHER EXP:	Description			Amount Pd	Description			Amount Pd			
THIS LINE TO BE FILLED IN BY BUSINESS OFFICE ONLY!!!!!!! TOTAL EXPENSES: \$ CERTIFICATION: Inhereby certify that the within itemized statement representing a claim for payment of per diem, mileage or travel expenses (or combination thereof) truthfully and accurately states the days of service and the mileage traveled, and the purpose thereof. I also acknowledge that any willful certification of an unlawful expense and/or traveling account constitutes a misdemeanor punishable as provided by law. (NDCC 14-08), I further agree that expenses claimed on this voucher that are not properly receipted as required above will be reimbursed to the school district. Signature of Payee: Signature of Payee: Signature of Payee: PAYMENTS ON THIS TRAVEL VOUCHER: Ref g												
THIS LINE TO BE FILLED IN BY BUSINESS OFFICE ONLY!!!!!!! TOTAL EXPENSES: \$ CERTIFICATION: Inhereby certify that the within itemized statement representing a claim for payment of per diem, mileage or travel expenses (or combination thereof) truthfully and accurately states the days of service and the mileage traveled, and the purpose thereof. I also acknowledge that any willful certification of an unlawful expense and/or traveling account constitutes a misdemeanor punishable as provided by law. (NDCC 14-08), I further agree that expenses claimed on this voucher that are not properly receipted as required above will be reimbursed to the school district. Signature of Payee: Signature of Payee: Signature of Payee: PAYMENTS ON THIS TRAVEL VOUCHER: Ref g												
THIS LINE TO BE FILLED IN BY BUSINESS OFFICE ONLY!!!!!!! TOTAL EXPENSES: \$ CERTIFICATION: Inhereby certify that the within itemized statement representing a claim for payment of per diem, mileage or travel expenses (or combination thereof) truthfully and accurately states the days of service and the mileage traveled, and the purpose thereof. I also acknowledge that any willful certification of an unlawful expense and/or traveling account constitutes a misdemeanor punishable as provided by law. (NDCC 14-08), I further agree that expenses claimed on this voucher that are not properly receipted as required above will be reimbursed to the school district. Signature of Payee: Signature of Payee: Signature of Payee: PAYMENTS ON THIS TRAVEL VOUCHER: Ref g												
ERIFICATION: hereby certify that the within itemized statement representing a claim for payment of per diem, mileage or travel expenses (or combination thereof) truthfully and accurately states the days of service and the mileage traveled, and the purpose thereof. I also acknowledge that any willful certification of an unlawful expense and/or traveling account constitutes a misdemenor punishable as provided by law. (NDCC 14-08). I further agree that expenses claimed on this voucher that are not properly receipted as required above will be reimbursed to the school district. Signature of Payee:							T	1		Total Other:	\$ -	
hereby certify that the within itemized statement representing a claim for payment of per diem, mileage or travel expenses (or combination thereof) truthfully and accurately states the days of service and the mileage traveled, and the purpose thereof. I also acknowledge that any willful certification of an unlawful expense and/or traveling account constitutes a misdemeanor punishable as provided by law. (NDCC 44-08). I further agree that expenses claimed on this voucher that are not properly recipited as required above will be reimbilibrated to the school district. Signature of Payee:	THIS LINE TO BE FILLED IN E	BY BUSINESS OFFICE O	NLY!!!!!!						TOTAL EXPENSES:		\$ -	
hereby certify that the within itemized statement representing a claim for payment of per diem, mileage or travel expenses (or combination thereof) truthfully and accurately states the days of service and the mileage traveled, and the purpose thereof. I also acknowledge that any willful certification of an unlawful expense and/or traveling account constitutes a misdemeanor punishable as provided by law. (NDCC 44-08). I further agree that expenses claimed on this voucher that are not properly recipited as required above will be reimbilibrated to the school district. Signature of Payee:												
mileage traveled, and the purpose thereof. I also acknowledge that any willful certification of an unlawful expense and and rot raveling account constitutes a misdemeanor punishable as provided by law. (NDCC 44-08). I further agree that expenses claimed on this voucher that are not properly receipted as required above will be reimbursed to the school district. Signature of Payee:	CERTIFICATION:											
Advance: Refunded Amount Refunded Amount Refunded Amount Payee: TOTAL COST THIS TRAVEL: Signature of Payee: Signature of Payee MEAL COUNT INFO (From a 10 Dates) Payer is a Capacital Streakfasts: Refulation of Payee is a Capacital Streakfasts: Fin Syst Dir: Signature of Payee: Signature of Payee is Signature of Payee/Receiver; Signature of Payee/Receiv	I hereby certify that the within itemized statement representing a claim for payment of per diem, mileage or travel expenses (or combination thereof) truthfully and accurately states the days of service and the											
PAYMENTS ON THIS TRAVEL VOUCHER: Ref # Check # Date Amount Signature of Pavee/Receiver: Refunded Amount Cher Payments: Payee: Payee: Payee: TOTAL COST THIS TRAVEL: Supt: Principal: Supt: MEAL COUNT INFO (From & 10 Dates): Breakfasts: Lunches: TOTALS	Imileage traveled, and the purpose thereor. I also acknowledge that any willful certification of an unlawful expense and/or traveling account constitutes a misdemeanor punishable as provided by law. (NDCC 44-08). I further agree that expenses claimed on this voucher that are not properly receipted as required above will be reimbursed to the school district.											
PAYMENTS ON THIS TRAVEL VOUCHER: Ref # Check # Date Amount Signature of Pavee/Receiver: Refunded Amount Cher Payments: Payee: Payee: Payee: TOTAL COST THIS TRAVEL: Supt: Principal: Supt: MEAL COUNT INFO (From & 10 Dates): Breakfasts: Lunches: TOTALS												
Ref # Check # Date Amount Signature of Payee/Receiver:					Sig	nature of Payee:						
Ref # Check # Date Amount Signature of Payee/Receiver:												
Advance	PAYMENTS ON THIS TRAVEL	_ VOUCHER:	Dof #		Chask #	Data	Amaunt	Ciamatura of D	was/Bassiware			
Final Payments: Refunded Amount Check # Date Amount Description/Comment/Other Information : Payee: Payee: Payee: Payee: S - TOTAL COST THIS TRAVEL: \$ - TOTAL COST THIS TRAVEL: \$ - APPROVALS: (All signatures except Financial Systems Director must be obtained before submitting to Business Office) Principal: Supt: Fin Syst Dir: MEAL COUNT INFO (From & 10 Dates): Breakfasts: Lunches: TOTALS **TOTALS					CHECK #	Date		Signature or Fa	5 of Payee/Receiver:			
Refunded Amount Date		Advance:					<u>s -</u>					
Other Payments: Payee: Fin Syst Dir: MEAL COUNT INFO (From & to Dates): Breakfasts: Breakfasts: Lunches: TOTALS Check # Date Amount Description/Comment/Other Information : Supt: Director/Comment/Other Information : Supt: TOTAL COST THIS TRAVEL: \$ - TOTAL Supriser Fin Syst Dir: TOTALS TOTALS S - Lunches:		Final Payment:										
Payee	Refunded Amount											
Payee	Other Payments:	I			Chack #	Date	Amount	Description/Co	mment/Other Informat	tion :		
Payee: Payee:			1		GIIGUR #	Date	\$ -	_ 3301 ption / CO	ong Gurer milorifilat			
Payee: TOTAL COST THIS TRAVEL: \$ - APPROVALS: (All signatures except Financial Systems Director must be obtained before submitting to Business Office) Principal: Supt: Fin Syst Director/Supervisor: MEAL COUNT INFO (From & to Dates): Breakfasts: Lunches: TOTALS TOTALS **TOTALS **TOTAL							•					
TOTAL COST THIS TRAVEL: \$ -							•					
APPROVALS: (All signatures except Financial Systems Director must be obtained before submitting to Business Office) Principal: Supt: Fin Syst Dir: MEAL COUNT INFO (From & to Dates): Breakfasts: Lunches: TOTALS \$ -	Payee:	rayee:										
Principal: Supt:		T			TOTAL CO	ST THIS TRAVEL:	\$ -					
Principal: Supt:												
Director/Supervisor: Fin Syst Dir:	APPROVALS: (All signatures except Financial Systems Director must be obtained before submitting to Business Office)											
Director/Supervisor: Fin Syst Dir:												
MEAL COUNT INFO (From & TOTALS to Dates): Breakfasts: Lunches: \$ -	Principal:					Supt:						
MEAL COUNT INFO (From & TOTALS to Dates): Breakfasts: Lunches: \$ -												
to Dates): TOTALS Breakfasts: \$ - Lunches: \$ -	Director/Supervisor:					Fin Syst Dir:						
to Dates): TOTALS Breakfasts: \$ - Lunches: \$ -												
Breakfasts: \$ - Lunches: \$ -	MEAL COUNT INFO (From &										TOTALE	
	Breakfasts:										\$ -	
	опррега.		1		<u>I</u>	ı	<u>I</u>	Ĭ.			TO THE PARTY OF TH	
										E. C.		