

# BELCOURT SCHOOL DISTRICT #7 TRAVEL VOUCHER

Travel Voucher#: \_\_\_\_\_

<b>NAME:</b>						<b>DESTINATION:</b>				<b>Submit Date:</b>			
<b>Reason for Travel:</b>													
<b>Description of Transp:</b>													
<b>Dates:</b>		<b>From:</b>		<b>To:</b>						<b>Pers Veh Mlg (Write YES or NO):</b>			
		<i>Time</i>		<i>Date</i>				<i>Time</i>		<i>Date</i>			
										If YES, how many to be divided by? #:			
<b>FUNDING SOURCE DESCRIPTION:</b>										<b>EXP CODE:</b>			
(e.g. HS Contract Title I, Tiny Turtles, Food Service, State Title I, etc.)													
<b>EXPENSES ALLOWANCES – NO RECEIPTS REQUIRED</b>													
<b>MEALS (NON-ND)</b>		# Qtrs		Fill In City GSA Rate:		Totals		<b>Meals (ND):</b>		# Qtrs		Rate	
Brkfst < 7 am				\$ -		\$ -		Brkfst < 7 am				\$ 7.00	
Lunch < 12 pm				\$ -		\$ -		Lunch < 12 pm				\$ 10.50	
Supper>6:00 pm				\$ -		\$ -		Supper>6:00 pm				\$ 17.50	
												Ttl Meals: \$ -	
<b>PERSONAL VEHICLE MILES:</b>		# Miles:		Rate per mile:		\$ 0.560		Split Factor (e.g., 33%, 50%, 100%):		0%		Total Mlg: \$ -	
<b>EXPENSE ALLOWANCES – RECEIPTS REQUIRED (except as noted); Receipts must be originals. Credit Card receipts not accepted.</b>													
<b>LODGING (ND Max: \$86.40 + tax)</b>		#Nites:		at		Plus Tax @ ?%:		Total Cost Per Nite:		\$ -		Total Lodging:	
unless special approval by Supt):		#Nites:		at		Plus Tax @ ?%:		Total Cost Per Nite:		\$ -		\$ -	
<b>TICKETS:</b>		Plane:		Train: \$		Bus: \$		Other Specify: \$		Total Tkts:		\$ -	
<b>REGISTRATION FEE TO BE PAID BY PERSON TRAVELING (If to be paid to other payee, see 'Other Payments' below):</b>										Total Reg:		\$ -	
<b>TAXI FARE (Receipts required for claim in excess of \$10.00):</b>										Total Taxi:		\$ -	
<b>OTHER EXP:</b>		Description		Amount Pd		Description		Amount Pd					
												Total Other: \$ -	
<b>THIS LINE TO BE FILLED IN BY BUSINESS OFFICE ONLY!!!!!!</b>										<b>TOTAL EXPENSES:</b>		\$ -	
<b>CERTIFICATION:</b>													
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 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 receipted as required above will be reimbursed to the school district.													
										Signature of Payee: _____			
<b>PAYMENTS ON THIS TRAVEL VOUCHER:</b>													
		Ref #		Check #		Date		Amount		Signature of Payee/Receiver:			
Advance:								\$ -					
Final Payment:													
Refunded Amount													
<b>Other Payments:</b>													
				Check #		Date		Amount		Description/Comment/Other Information :			
Payee:								\$ -					
Payee:								\$ -					
Payee:								\$ -					
<b>TOTAL COST THIS TRAVEL:</b>										\$ -			
<b>APPROVALS: (All signatures except Financial Systems Director must be obtained before submitting to Business Office)</b>													
Principal:				Supt:									
Director/Supervisor:				Fin Syst Dir:									
<b>MEAL COUNT INFO (From &amp; to Dates):</b>													
Breakfasts:												TOTALS	
Lunches:												\$ -	
Suppers:												\$ -	

