Travel Expense Reimbursement Voucher
Jamestown Public School District #1

Employee Name:		Date(s) of Trip:
Address:		Purpose of Trip:
City, State, Zip		

Please Check One:	Same Day Travel:		Overnight Travel:	

Maximum Reimbursement Amounts:

Meals and Lodging:

	In State Travel	Out of State Travel
First Quarter (6 AM to 12 Noon)	$ 7.00	20 % of GSA daily rate
(No reimbursement if travel begins after 7:00 am)		GSA Daily Rate
Second Quarter (Noon to 6 PM)	$ 10.50	30 % of GSA daily rate
Third Quarter (6 PM to 12 Midnight)	$ 17.50	50 % of GSA daily rate
Fourth Quarter (12 Midnight to 6:00 am)	$ 74.70 plus tax	Actual lodging expense
Mileage:	$ 0.535	$0.535 per mile up to 300 miles from state border and $0.18 per mile thereafter.

Date	Departure / Arrival Time	Travel Destination (note to what city & from	Total Miles Driven	Mileage	Lodging	Breakfast	Lunch	Dinner	Air	Misc.	TOTAL
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Please note if lodging is being direct billed to Jamestown Public Schools.

Receipts are required for reimbursement for lodging, air fare and miscellaneous. Receipts are not needed for meals.

Employee Signature:		Date:	

I have reviewed the above information for accuracy.

Supervisor Signature:		Date:	