**MCj03241680000[1] Travel Expense Reimbursement Voucher MCj03241680000[1]**

**James River Special Education Cooperative**

| Employee Name: |  | Date(s) of Trip: |  |
| --- | --- | --- | --- |
| Address & City: |  | Purpose of Trip: |  |

| Please Check One: | Same Day Travel: | Overnight Travel: |
| --- | --- | --- |

Maximum Reimbursement Amounts: In State Travel Out of State Travel

Meals: Qtr 1 = $ 7.00 6 AM to Noon

Qtr 2 = $ 10.50 Noon to 6 PM [GSA Website](http://www.gsa.gov/)

Qtr 3 = $ 17.50 6 PM to 12 AM check website for rates

Lodging: Qtr 4 = $63.00 plus tax

Mileage Rate: 54.50 ₡ per mile

| **Date** | **Travel Destination (note to what city from what city)** | **Total**  **Miles** | **Other Cost**  (Reg., etc.) | **Lodging** | **Breakfast** | **Lunch** | **Dinner** | Addl Contract Day | **TOTAL** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  | $0.00 |
|  |  |  |  |  |  |  |  |  | $0.00 |
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|  |  |  |  |  |  |  |  |  | $0.00 |
|  |  | 0 | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 |  | $0.00 |

| Employee Signature: |  | Date: |  |
| --- | --- | --- | --- |
| Supervisor Signature: |  | Date: |  |