

PD Expense Request & Reimbursement Voucher



1	- CON	Jamestown Public School District #1								10	
		This portion must be completed when requesting leave.									
	Event Title:	:				Location:					
	Purpose/Notes:										•
Expenses Requested: (Approximate)			Direct Bil	lled	<u>Approve</u>	<u>Deny</u>	(Co	(Central Office Use)		<u>Budget</u>	
Registration Mileage Meals								Title I			
				•						Title II	
				-						Prog. Impr.	
	Lodging		_]			<u> </u>			Other	
	Misc.	40.00	-		0	at Manas Fin		ved by:	(Oith- 1.0	-	
	Total	\$0.00 Save As: Last Name, First Name Initial month day (Smith, J 9.3) This portion completed after travel.									
Employee	Name:			<u> </u>		tou untor true	-	(s) of Trip:			
Address:						Same Day Travel					
City, State, Zip:						Overnight Travel:					
Oity, State	, ∠ ıp.] • • • • • • • • • • • • • • • • • • •	,		1	
	- determ				Reimburseme	nt Amounts:	0				
Meals and Lodging: First Quarter (6 AM to 12 Noon)			In State Travel \$ 7.00			+	Out of State Travel 20 % of GSA daily rate				,
(No reimbursement if travel begins after 7:00 am)			\$ 7.00				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) Mileage: Fargo \$112, Bismarck \$112, Dikinson			\$ 74.70 plus tax \$ 0.560 per mile			Actual lodging expense \$0.56 per mile up to 300 miles from state border and					
\$224, Minot \$234			φ close per nime			\$0.18 per mile thereafter.					
					_	-					•
	nly for items needing required for reimburs					s <i>Rece</i> ints are	not needed	for meals			
neceipts are	required for reninburs	Travel		, an jure una	miscenaneous	. Neceipts are	not needed j	or means.			
Date	Departure /	Destination	Total Miles	Mileage	Lodging	Breakfast	Lunch	Dinner	Air	Misc.	TOTAL
Date	Arrival Time	(note city to city)	Driven	Willeage	Louging	Dieakiast	Lunch	Dillilei	All	IVIISC.	IOIAL
		City)	<u> </u>								
			1	\$ -							\$ -
			<u> </u>	\$ -							\$ -
				\$ -							\$ -
				\$ -							\$ -
				\$ -							\$ -
				\$ -							\$ -
				\$ -							\$ -
				\$ -							\$ -
				\$ -							\$ -
				\$ -							\$ -
				\$ -							\$ -
				\$ -							\$ -
				\$ -							\$ -
		1	1	\$ -							\$ -
			+	\$ -							\$ -
	TOTALS		0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
	IOIALO	!	1 -	Ψ -	Ψ -	Ψ -		ΙΨ -	Ψ -	Ψ -	
											\$ -
Emi	oloyee Signature:							Date:			
• Approval for	_	<u> </u>							<u> </u>		
											•

Date:

JPS Business Depart :