

**COFFEEVILLE SCHOOL DISTRICT
TRAVEL VOUCHER/REQUISITION**

**If attending a conference or a meeting, an agenda must be attached.

**Note: If the school vehicle is available and you choose to use your personal vehicle, no travel allowance is allowed.

NAME: _____ **POSITION** _____ **CODE:** _____

DATE	FROM	TO	PURPOSE	MILES	RATE	AMOUNT

OTHER: (Please explain.) _____

LODGING (Attach receipts)

Date	Destination	Cost per Night x Number of Nights	Total

PUBLIC TRANSPORTATION (Attach receipts)

Date	Destination	Mode of Transportation	Total

Total daily (per overnight stay) allowance: \$30.00 per day for meals for in-state and \$50 for out-of-state travel, excluding Memphis and the Memphis area (per School Board Policy DJD)

Total Mileage: \$ _____

Total Lodging: \$ _____

Please indicate the number of days times the amount allowed per diem (meals): \$ _____ X no. of days _____

Total Transportation: \$ _____

Employee's Signature: _____ Date: _____

Total Per Diem: \$ _____

Administrator's Signature: _____ Date: _____

Total Other: \$ _____

Superintendent's Signature: _____ Date: _____

TOTAL: \$ _____