

Spokane Public Schools Associated Student Body Non-Local Travel Expense Voucher

(To be used for ASB Non-Local Travel only. Detailed instructions are in Spokane Schools Procedure 7353)

School: _____ Advisor/Coach/Staff _____
 ASB Group/Athletic Team: _____ From: _____ To: _____
 Nbr of Students: _____ Number of Adults: _____ Dates of Travel _____

DATES (mm/dd/yy)	MEALS/PER DIEM				Lodging Information and Other Expenses			Transportation		
	BREAKFAST	LUNCH	DINNER	TOTAL	Name of Hotel/Motel	ASB PO #	Amount	Auto Mileage		
								Total Miles	Rate/mile	Total
Claims	Total Meals/Per Diem				Total Lodging/Other Expenses			Total Transportation		

TOTAL All Travel Expenses Claimed	\$
(LESS Travel Advance (# _____))	\$
(LESS Travel Card Used (# _____))	\$
(LESS Purchase Orders)	\$
(LESS Prepaid Expenses)	\$
BALANCE due to ASB or	\$
BALANCE due to Payee	\$

1. Expense detail section of this form must be completed to substantiate claims for reimbursement of expenses
2. Receipts must be submitted for commercial transportation, car rental, lodging, registration fees, and other trip-related expenses for which receipts are normally given
3. DETAILED receipts must be attached when using a district travel card (including Meals)
4. Copy of ASB Non-Local Travel Request form must accompany this voucher
5. Expense vouchers must be submitted within 10 days of completion of travel

Certification:
 Pay to: _____
 Address: _____

I hereby certify under penalty of perjury that this is a true and correct claim for necessary expenses incurred by by me and that no payment has been received by me on account hereof.

Required Signature of Claimant (even if no reimbursement forthcoming)

Date

Accounting Distribution					Approved for Payment	
Loc	ASB Group	Sub Acct	Object	Amount		
					Signature	
					Date	
Total must agree to balance due to payee.						

Routing: Budget and Accounting _____ School Business Office _____ Staff/Coach/Advisor _____