

Passaic Public Schools
Passaic, New Jersey 07055
Travel Reimbursement Voucher
N.J.A.C. 6A:23A- 7.13(b)

Travel Event:

Name of Travel Event: _____
Destination: _____
Dates of Travel: _____
Name of Employee _____

Approval Dates:

Superintendent of Schools _____
Board of Education _____
Executive County Superintendent _____ (If Applicable)

Expenditures; Reimbursable:

Lodging: _____ nights @ \$ _____ per night \$ _____
Meals/Incidentals (As per GSA Worksheet) \$ _____
Transportation --Personal Vehicle: _____ miles @ **\$.31** cents per mile \$ _____
Tolls \$ _____
Transportation -- Other (Check one)
_____ Air Travel _____ Rail Travel _____ Bus Travel \$ _____
Ground Travel at Event: _____ Shuttle _____ Taxi \$ _____
Parking \$ _____
Telephone / Internet Connection \$ _____

TOTAL REIMBURSEMENT \$ _____

Expenditure Log - Date & Required

In accordance with N.J.A.C. 6A:23A-7.13(a), all persons authorized to travel must note the date and time each expense is incurred. All receipts must have a date and time.

Receipts -- Attached to Voucher -- Envelope

All persons authorized to travel shall provide actual original receipts of expenditures (whenever possible) except for meals. Each receipt must have a date and time of when the expense was incurred. Credit card statements shall not be accepted.

Employee Certification

I hereby certify that all expenses noted represent "actual and reasonable" expenditures incurred by me at the approved travel event.

Employee

Date

Approval Authority

School Business Administrator

Superintendent (or Designee)