

The Public Schools  
22 Valley Road  
Montclair, New Jersey 07042

Month \_\_\_\_\_  
Year \_\_\_\_\_

TRAVEL REIMBURSEMENT VOUCHER

This form is required for district travel reimbursement. It must be signed and submitted for approval to your supervisor monthly. Your supervisor will submit it to the appropriate Central Office Administrator who will distribute the copies. The white copy of the monthly voucher will accumulate in the Business Office for major payment annually on the bill list in June with a final payment in July.

Name \_\_\_\_\_ School \_\_\_\_\_

<u>Date</u>	<u>From</u>	<u>To</u>	<u>Miles-Fill In One</u>	
			<u>One Way</u>	<u>Round Trip</u>

DECLARATION

Sub Total \_\_\_\_\_  $\rightarrow +$  \_\_\_\_\_ = \_\_\_\_\_

I do declare and certify under the penalties of the law that the within bill is correct in all its particulars; that the articles have been furnished or services rendered as stated therein: That no bonus has been given or received by any person or persons within the knowledge of this claimant in connection with the above claim: That the amount therein stated is justly due and owing: and that the amount charged is a reasonable one.

Total Miles	- - -	_____
Times Rate	- - - - x	.31
Amount	- - - - - \$	_____
Receipted Exps.	- +	_____
TOTAL	- - - - - \$	_____

\_\_\_\_\_  
Signature, Staff Member                                  Date

\_\_\_\_\_  
Approval, Supervisor                                        Date

\_\_\_\_\_  
Authorization, C.O. Administrator                                  Date

DISTRIBUTION:  
WHITE-Business Office  
CANARY-C.O. Administrator  
PINK-Supervisor  
GOLD-Staff Member