

Uintah School District
In-State Travel Voucher (green)
 (Revised 6/25/08)

For Travel Reimbursement to Employee:

Employee _____ Today's Date _____
 Address _____

Name of In-Service/Workshop _____
Reason for In-Service/Workshop _____

Per Diem (No per diem for less than 4 hrs away from site or less than 80 miles travel)

1. For single day trip use dollar amount(s) for meal(s) while away from workstation
 Breakfast \$7.00, Lunch \$11.00, Dinner \$18.00 \$ _____

2. For multiple day trip use chart below on any part days.

Departure Date: _____ Time: _____ *\$ _____
 # of full days (24hrs) _____ X \$36.00 per day \$ _____
 Return Date: _____ Time: _____ **\$ _____ \$ _____

Chart for figuring part-day per diem on multiple day trip

*Departure Time	**Return Time
12:01 am-6:00 am \$36.00	12:01 am-6:00 am \$00.00
6:01 am-12 noon \$29.00	6:01 am-12 noon \$ 7.00
12:01 pm- 8:00 pm \$18.00	12:01 pm- 6:00 pm \$18.00
8:01 pm-midnite \$00.00	6:01 pm- midnite \$36.00

Mileage for personal car # of Miles _____ X applicable rate \$ _____

50.5 cents per mile with only 1 employee attending event
 12 cents per mile, per person, (up to 4 employees) in vehicle attending same event

Airplane Ticket if paid by employee: (**receipt required**) \$ _____

Registration Fee if paid by employee: (**receipt required**) \$ _____

Lodging if paid by employee: (**receipt required**) \$ _____

(Note: Limited to \$90.00 per night)(Waived lodging \$30.00)

Other Costs: Please list and attach receipts \$ _____

1. _____

2. _____

TOTAL COSTS: \$ _____

(LESS) Meals Provided

Breakfast \$7.00, Lunch \$11.00, Dinner \$18.00 \$(_____)

FINAL PAYMENT DUE EMPLOYEE \$ _____

Budget # to be charged _____

 Supervisors Approval (Required-Not Self)

 Employee Signature

All reimbursements must include an agenda and all required receipts before payment will be processed.