

Uintah School District
Out of State Travel Voucher (pink)
 (Revised 7/1/11)

For Travel Reimbursement to Employee:

Employee _____ Today's Date _____
 Address _____

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

Per Diem

Departure Date: _____ Time: _____ *See chart for Per Diem \$ _____
 # of full days (24hrs) _____ X \$45.00 per day Per Diem \$ _____
 Return Date: _____ Time: _____ **See chart for Per Diem \$ _____

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

*Departure Time	**Return Time
12:01 am-6:00 am \$45.00	12:01 am-6:00 am \$00.00
6:01 am-12 noon \$36.10	6:01 am-12 noon \$ 8.90
12:01 pm- 8:00 pm \$22.50	12:01 pm- 6:00 pm \$22.50
8:01 pm-midnite \$00.00	6:01 pm- midnite \$45.00

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

51 cents per mile with only 1 employee attending event
 12.75 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 B- \$8.90, L- \$13.60, D- \$22.50 \$(_____)
(LESS) Advancements \$(_____)

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.