

Stanwood-Camano School District No. 401  
26920 Pioneer Highway Stanwood, WA. 98292

## TRAVEL VOUCHER – 2 sided form

**\*\*PLEASE RETURN COMPLETED FORM TO ACCOUNTS PAYABLE.** You will receive reimbursement on the next available payable schedule (reimbursements are done twice monthly). Please claim each travel separately.

Employee Name: \_\_\_\_\_ Reason for Reimb: \_\_\_\_\_

(i.e. Workshop, Conference, travel  
between schools)

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Record misc. sundry expenses here (taxi, parking, etc.)

Day	Paid To	For	Sundry Amount

Total Sundry exp. claimed above: \$ \_\_\_\_\_

\*Detailed Receipts must be attached

Total Miles Claimed (page 2): \$ \_\_\_\_\_

\_\_\_\_\_ miles X **0.625** per mile

Lodging (if applicable, page 2): \$ \_\_\_\_\_

\*If the district issued a PO# or district Visa card, **do not** claim it here)

Total Overnight Meals (page 2): \$ \_\_\_\_\_

(Receipts **not** required, but log on back must be filled out to receive per diem)

**GRAND TOTAL OF EXPENSES \$ \_\_\_\_\_**

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

Budget Code: \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_  
Employee Date

\_\_\_\_\_/\_\_\_\_\_  
Principal/Supervisor Signature Date

Settlement of this claim requires that it be fully itemized as per RCW 42.24.090

**COMPLETE BACK OF FORM**

Updated 7/2022

