

DISTRICT TRAVEL EXPENSE CLAIM VOUCHER

THIS VOUCHER MUST BE SUBMITTED WITHIN 60 DAYS OF YOUR RETURN

ORIGINAL RECEIPTS MUST ACCOMPANY THIS VOUCHER TO BE ELIGIBLE FOR REIMBURSEMENT

Employee Name:	H#:						
Date(s) of Travel:	Departure [Date:				□ AM □ PM	
. ,						AM PM	
Destination:							
Purpose of Trip:							
DATE						TOTAL	
Registration							
Lodging							
Meals							
Breakfast							
Lunch							
Dinner/Daily Per Diem	1						
Transportation							
Mileage @							
Airfare							
Rental Car							
Parking							
Shuttle/Taxi							
Internet Access							
Other							
NOTE:			Total Expenses				
1. Proof of attendance is re							
Hotel receipts, boarding passes for air travel, and receipts for parking, shuttles/taxi must be attached.			Less Prepaid Expenses (Enter as (-) negative)				
3. Attach meal per diem rates from https://www.gsa.gov/							
Personal vehicle mileage calculated at current IRS rate.			Net Reimbursement to Employee				
I certify that the above				•	-	-	
incurred while on offici	al business	for Allan Han	cock Joint (Community (College Disti	rict.	
Employee Signature: _	Date:						
FOAP:							
Supervisor Signature:	Date:						

SUBMIT FORM AND SUPPORTING DOCUMENTS TO accountspayable@hancockcollege.edu