HOT SPRINGS COUNTY SCHOOL DISTRICT NO. 1

TRAVEL EXPENSE VOUCHER

NAME & ADDRESS OF CLAIMANT:

_____ (Name)

_____ (Budget Number)

_____ (Address)

_____ In State _____ Out of State

_____ (City, State & Zip)

NOTE: In order to claim reimbursement for Travel Expense, **PRIOR** approval is required by "Request for Out of District Travel" (Form DKC-E1). **ATTACH TRIP REQUEST TO THIS CLAIM ALONG WITH RECEIPTS AND SUBMIT TO THE BUSINESS OFFICE BY THE 5TH WORKING DAY OF THE MONTH IN ORDER TO BE PAID THAT MONTH.**

Meal & Incidental Expense Allowance (paid per US General Services Admin. per diem rates): http://www.gsa.gov/portal/category/100120

DATES REQUESTED	LOCATION (CITY/STATE)	DAILY ALLOWANCE
TOTALS		

Reimbursement Request (for items not covered by above meal & incidental expense allowance):

DAY OF WEEK AND DATE	DESCRIPTION	OTHER EXPENSES – EXPLANATION	TOTAL EXPENSES
TOTALS			

RECEIPTS REQUIRED FOR ALL REIMBURSEMENTS CLAIMED

CERTIFICATION

I certify, under penalty of perjury, that the foregoing claim for which I am legally entitled to allowances and/or reimbursement by Hot Springs County School District No. 1 is true and correct in all respects. I do further certify that no part of the foregoing claim has been paid by Hot Springs County School District No. 1 or any other source.

_____ (Date)

_____ (Signature of Claimant in Ink)

APPROVED FOR PAYMENT

_____ Principal or Supervisor (Date)

_____ Business Manager (Date)

Adoption Date: 2-17-94 Revision Date: 10-20-20 Reviewed: 07-15-25