Prince William County Public Schools
EXPENSE REIMBURSEMENT VOUCHER

I certify that the expense listed below in the amount of _____ were incurred by me on official business of the Prince William County Schools and include only such expenses as were necessary in the conduct of this business. All mileage during the normal workday excludes round trip mileage of _____ miles between my home and base school/work location.

(Type name and address in space below)

	Signature of traveler / Date
	School/Department / Position
	Signature of budget holder / Date
Badge Number _____	Signature of budget holder's supervisor / Date *(When budget holder is traveler)*
Office Telephone _____	

Date	Location at which expense was incurred. Points between which travel was necessary. Method of transportation used and mileage rate allowed. Each day's expense must be shown separately.	Miles Traveled	Mileage or Fares	Meals No.	Meals Amount	Lodging	Other	Totals
	Totals this sheet							

Total page 2	
Total page 3	
Total page 4	
Grand Total	

This travel reimbursement is going to be paid through payroll. It is possible that it may take as much as two weeks to receive these funds, depending on the pay cycle.

Budget Codes					
Fund	**Department**	**Unit**	**Object**	**Activity**	**Function**

Form No: 61582450474G (revised 03/09)