**Travel Expense Reimbursement Voucher**

**Name of meeting:**

**Date of meeting:**

|  |  |
| --- | --- |
| **Name:** |  |
| **Street Address:** |  |
| **City, State, Zip:** |  |
| **Social Security Number** |  |

**Are you a State Employee?**  Yes No

**Please attach the following types of receipts: road tolls, taxi, shuttle, hotel, airfare**

(meal receipts are not required, you will be reimbursed at per diem rates for meals not provided)

**Substitute Teacher Pay $\_\_\_\_\_\_\_\_\_\_\_\_\_\_ for USD \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.**

**Meals provided: (list dates & meals here):**

|  |  |  |  |
| --- | --- | --- | --- |
| **Date** | **Breakfast** | **Lunch** | **Dinner** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

***(Do not write in this column;***

***for office use only)***

|  |  |  |
| --- | --- | --- |
| **Date & Time Left Home:** |  | Per Diem |
| **Date & Time Arrived Home:** |  |  |
| **Parking, Toll or Other Fees: (attach receipts)** |  |  |
| **Car Mileage (round trip):** |  |  |
| **Hotel****(attach receipts):** |  |  |
|  |  | TOTAL: |

**Signature Date**

Return To:

 Pat Bone

 KSDE

 SETS

 900 SW Jackson Street, Suite 620

 Topeka, KS 66612

Or Email: pbone@ksde.org