

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:

Kayla Love
KSDE
SETS
900 SW Jackson Street, Suite 620
Topeka, KS 66612

Wet signatures ONLY! Please mail in or return in person! Receipts can be mailed or emailed