

MORRISONVILLE CUSD#1 TRAVEL VOUCHER

P. O. Box 13
Morrisonville, IL 62546

1. Attach receipts for ALL hotels, convention registration, as well as miscellaneous reimbursable items above \$10.00.
2. Attach customer's copy of air, bus or train tickets.

Name		Social Security Number				Voucher Date			
Mode of Transportation:									
School Car ___		Personal Car ___		Rental Car ___		Plane ___		Train ___	
Date	Place Depart From/ Arrive At	Time	Auto Mileage	Auto Reimbursement @ ___¢	Lodging	Meals or Per Diem	Other Expenses (List Below)		Total
							Item	Amt	
Page ___ of ___			Column Total	Column Total	Column Total	Column Total	Column Total	Total	Voucher Total
Account Number									
Purpose of Travel		Signature of Traveler				Approved By:			Date

PERSONNEL

GENERAL PERSONNEL – Travel Compensation

*Conference Travel Instructions and Reimbursement Schedule
Effective 7/1/97*

<u>TYPE OF REIMBURSEMENT</u>	<u>RATE</u>
I. <u>Transportation Expenses</u>	
A. Private Vehicle	.31/mile
B. Railroad – need receipt if over \$10	
C. Airlines (coach class) – need receipt	
D. Buses - need receipt if over \$10	
E. Taxicabs – need receipt if fare plus tip exceeds \$10	
II. <u>Meals</u>	
A. Per diem (for travel 18 hours or more)	\$7.00/quarter in-
state	
	\$8.00/quarter out-
	of-state
Four quarters per 24- hour period - \$28.00 (\$7 per quarter)	
Quarters: Midnight to 5:59 AM	
6:00 Am to 11:59 AM	
Noon to 5:59 PM	
6:00 PM to 11:59 PM	
B. Maximum per meal (if not claiming per diem)	
	<u>In State</u>
	<u>Out-of-</u>
<u>State</u>	
Breakfast (depart prior to 6:00AM)	\$5.50
Lunch (only with overnight travel)	\$5.50
Dinner (arrive back after 7:00 PM)	\$17.00
	\$6.50
	\$6.50
	\$19.00
III. <u>Accommodations:</u>	Actual cost if approved by the Superintendent and amount is budgeted.
	Need Receipt.
IV. <u>Toll Fees:</u>	Are accepted need receipt if over \$10
V. <u>Phone Calls:</u>	Call home for safe arrival; maximum \$5: Business calls for amount of phone charges.