

**HENDERSON COUNTY GOV/SCHOOLS
Official Travel Voucher**

Name _____ Department/School _____
 Depart Date: _____ Return Date: _____
 Purpose of Travel: _____

A. Transportation:

Private Auto: From _____ To _____
 Round trip mileage _____ @\$0.47 per mile _____
 Airline _____ Taxi _____ Parking _____
Total Transportation Cost: _____

B. Subsistence:

Lodging: _____ Dates: _____
 (ATTACH RECEIPTS FROM LODGING EXPENDITURES)
Total Subsistence Cost: _____

C. Food and Other

| | |
|---|------------------|
| Food reimbursement state guidelines and rates per day: | Breakfast 7.00 |
| Day of Departure only lunch, dinner and incidentals | Lunch 11.00 |
| Day of Return only breakfast, lunch and incidentals | Dinner 23.00 |
| *No reimbursements for food unless overnight stay is required per State Policy. | Incidentals 5.00 |

| Date | Breakfast | Lunch | Dinner | Incidentals |
|------|-----------|-------|--------|-------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Other Expenses: _____ Total Food Cost: _____
 (Attach documentation)

Total Food and Other Cost: _____
Total A, B, C: _____
Total Advance (if any) _____
Total Due Employee _____

I certify that the above expenses are accurate and due.

Signed _____ **Date:** _____

Mailing Address: _____

AMOUNT APPROVED: _____ **APPROVED BY:** _____
TITLE II _____ **TITLE I** _____ **VOC** _____ **SPEC ED** _____ **SYSTEM** _____