

**Independent School District #883 – Rockford MN**

**Travel Voucher Request**

For District Use Only

Check payable to: \_\_\_\_\_ Date \_\_\_\_\_  
 (If an individual's name – as issued on social security card.)

Address \_\_\_\_\_

\_\_\_\_\_ Building \_\_\_\_\_

		<b>Attach Receipts</b>						
Date	Destination and Purpose of Trip	Miles	Lodging	Parking	Breakfast	Lunch	Dinner	Total Cost
	<i>In District (See Reverse for Detail)</i>	XXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXXXX
Total Mileage _____ @ 56.0 cents per mile (As of 1-1-2021)								
<b>Total</b>								

I declare under the penalties of perjury that this account, claim or demand is just and true and that no part of it has been paid.

Signed \_\_\_\_\_

The effect of this verification shall be the same as if subscribed and sworn to under oath.

Account Code	Amount Requested	Check Date	Invoice Number
	•		
	•		
	•		
	•		

▲  
 E – Expenditure  
 L – General Ledger  
 R – Revenue

▲  
 D - Debit  
 C – Credit

Supervisor's Signature \_\_\_\_\_

Travel within the school district for the month of \_\_\_\_\_, 20\_\_\_\_\_.

DATE	MILES	DESTINATION		PURPOSE
		FROM	TO	
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
24				
25				
26				
27				
28				
29				
30				
31				
<b>Total Miles</b>				