2026-2027

GEORGE COUNTY SCHOOL DISTRICT
OUT OF DISTRICT TRAVEL VOUCHER
REIMBURSEMENT REQUEST

Name: _____ School/Dept: _____
Destination _____ Purpose of Trip: _____

Expenditure Code (as shown on Prof. Leave Form): _____

Fund Director Approval (if applicable): _____

_____ _____
Supervisor Approval Date

The following Required Documents must be attached:

- ☐ Copy of your approved Professional Leave Application
- ☐ Proof of attendance at workshop or conference (example: name tag, copy of agenda…)
- ☐ Hotel receipt for overnight travel.
- ☐ Meals are reimbursed for actual expenses up to the maximum amount allowed for overnight stay only. One night = one day meals. **Original** meal receipts must be **itemized** and attached.
- ☐ For reimbursements other than meals, please attach proof of expenses (example: parking receipt, taxi receipt, car rental)
- ☐ Google map if requesting mileage reimbursement. (Mileage requested must be verified by map) Email verifying district vehicle availability status must be attached.

IMPORTANT: No refund for expenses will be paid after 60 days from date of travel.

TRAVEL DATE	LODGING AMOUNT	MEALS (overnight stay)	MILES	MILEAGE EXPENSE .725	LIST OTHER EXPENSES (taxi, baggage, airfare, etc.)	AMOUNT OF OTHER EXPENSES	TOTAL
				$ 0.00			$ 0.00
				$ 0.00			$ 0.00
				$ 0.00			$ 0.00
				$ 0.00			$ 0.00
				$ 0.00			$ 0.00
				$ 0.00			$ 0.00
				$ 0.00			$ 0.00
						GRAND TOTAL:	$ 0.00

I certify that all expenditures were incurred in the performance of school business. I also understand that I will not receive a paper check and I verify that my ACH deposit information has been submitted to the Business Office.

_____ _____
Employee Signature Date