

Revised January 2026

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	LIST OTHER EXPENSES (taxi, baggage, airfare, etc.)	AMOUNT OF OTHER EXPENSES	TOTAL
GRAND TOTAL:							

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