



**Englewood Public School District
 Business Office/DMHS
 274 Knickerbocker Road • Englewood, NJ 07631**

Expense Reimbursement Voucher for Overnight/Out-of-State Travel

Important: See instructions attached for completing this form.

Name (Please Print): _____ School Location: _____

Trip Destination: _____ Date(s) of Trip: _____

Purpose of Trip: _____

Lodging		Meal Expenses				Total (Meals)
Date	Expenses	Date	Breakfast	Lunch	Dinner	

Subtotal _____

Subtotal _____

Travel	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7	Total
Airfare/Train Bus								
Personal Auto								
Tolls								
Parking								
Public Transp.								
Taxi								
Other								

Subtotal _____

Budget Code(s): _____

Grand Total _____

Note: Mileage is computed at \$.31 per mile as mandated by the State of New Jersey, Department of Education. This includes use of personal auto and taxis.

Employee Certification and Declaration: I solemnly declare and certify, under the penalties of the law, that this request is correct in its particulars; that the amount stated is justly due and owing; and that the reimbursement requested complies with the travel regulations as promulgated by P.L. 2007, Ch. 53 and Board of Education policies.

Claimant's Signature _____ Supervisor's Signature _____ Date _____

For Business Office Use Only Business Office Review Signature _____