



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

**Expense Reimbursement Voucher for One-Day Travel**

**Important: One-day trips that do not involve overnight lodging are not eligible for a subsistence payment or reimbursement except in limited circumstances authorized by Department of Treasury guidelines.**

Name (Please Print): \_\_\_\_\_ School Location: \_\_\_\_\_

Trip Destination: \_\_\_\_\_ Date of Trip: \_\_\_\_\_

Purpose of Trip: \_\_\_\_\_

ONE-DAY TRAVEL	MILEAGE	AMOUNT
Personal Auto		
Airfair/Train/Bus	XXXXXX	
Tolls	XXXXXX	
Parking	XXXXXX	
Public Transportation	XXXXXX	
Taxi	XXXXXX	
Other	XXXXXX	

TOTAL: \_\_\_\_\_

**Note: For use of personal auto, calculate miles driven times (x) \$.31 (effective rate as of July 1, 2008 as set forth by the State of New Jersey, Department of Education). Enter the amount in the appropriate category above. Provide documentation to support miles driven; e.g., Map Quest, Yahoo! Maps, Google Maps or other. Attach receipts for other expenses incurred as well.**

Budget Code(s): \_\_\_\_\_

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** Signature of Business Administrator: \_\_\_\_\_