

HUNTINGDON AREA SCHOOL DISTRICT

EXPENSE REIMBURSEMENT VOUCHER

Payment of the actual and necessary expenses that are incurred in the course of performing approved services for the district shall be reimbursed in accordance with board policy. Employees are to use the most economical means of travel to and from conferences.

NAME: _____

POSITION: _____

Date	Place Visited/Vendor	Purpose of Trip/Purchase	Travel		Meals*		Other		Total
					Code	Amount	Description	\$	
			@	\$0.575					
				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

Office Use:
Vendor # _____
Acct # _____
Date Paid: _____
Check # _____

Total Expenses \$0.00

Less Advance (Date Provided): _____ 0.00

Amount Due/Refunded \$0.00

*In accordance with IRS regulations, claims for any meals above will be taxable unless the meals were provided at the "convenience of the employer under any of the following situations: A) meals were provided at the same time students were being supervised on a trip; B) meals were provided during the course of a meeting because the employee was restricted to a short meal period; or C) the meeting required me to be away from home overnight. If applicable, [enter the appropriate code 'A' - 'B' - or 'C' above](#); otherwise the meal reimbursement will be included in your taxable income. Tips are not reimbursable by the district.

I hereby certify that all expenditures itemized above were made by me, on behalf of Huntingdon Area School District, for approved activities and were not the subject of any compensation or reimbursement from any other source.

SIGNATURE: _____

DATE: _____

APPROVED BY: _____

DATE: _____