## The Public Schools 22 Valley Road Montclair, New Jersey 07042

Month	
Year	-

## TRAVEL REIMBURSEMENT VOUCHER

This form is required for district travel reimbursement. It must be signed and submitted for approval to your supervisor monthly. Your supervisor will submit it to the appropriate Central Office Administrator who will distribute the copies. The white copy of the monthly voucher will accumulate in the Business Office for major payment annually on the bill list in June with a final payment in July.

payment.	ar outy.					
Name	·····		School_			
Date	From	<u>To</u>		Miles-Fill In One One Way Round Trip		
•						
	DECLARATIO	<u>1</u>	Sub Total			
I do decla	are and certify under the pena	alties of the	law that the	Total Miles		
within bi	ll is correct in all its part furnished or services render	iculars; that	the articles	Times Rate	x .35	
no bonus !	has been given or received by a	ny person or pe	rsons within	İ		
the knowledge of this claimant in connection with the above claim: That the amount therein stated is justly due and owing: and that				Amount	\$ .	
the amount	t charged is a reasonable one		<b>3</b> .	Receipted Exps	+ .	
	Signature, Staff Mem	oer	Date	TOTAL	\$.	
				DIOTOTOTOTO		
Approval, Supervisor			Date	DISTRIBUTION:		
			3	WHITE-Busines CANARY-C.O. A		
Authorization, C.O. Administrator 3158-July, 1980, Revised			Date	PINK-Supervisor GOLD-Staff Member		