



**PAWTUCKET SCHOOL DEPARTMENT
Travel Expense Reimbursement**

Name _____

Address _____

Destination _____

Purpose _____

You MUST attach a Voucher Payment Request Form, itemized receipts for all listed expenses, attach conference/meeting agendas, and all other required documentation in accordance with the Pawtucket School Department Travel & Reimbursement Policy in order to be reimbursed for expenses incurred.

Expenses	Dates	Details				Amount
Transportation		<input type="checkbox"/> Air	<input type="checkbox"/> Taxi	<input type="checkbox"/> Rental Car	<input type="checkbox"/> Other	
		<input type="checkbox"/> Air	<input type="checkbox"/> Taxi	<input type="checkbox"/> Rental Car	<input type="checkbox"/> Other	
		<input type="checkbox"/> Air	<input type="checkbox"/> Taxi	<input type="checkbox"/> Rental Car	<input type="checkbox"/> Other	
		<input type="checkbox"/> Air	<input type="checkbox"/> Taxi	<input type="checkbox"/> Rental Car	<input type="checkbox"/> Other	
Own Car						
Lodging						
Meals		B	L	D	O	
		B	L	D	O	
		B	L	D	O	
		B	L	D	O	
		B	L	D	O	
		B	L	D	O	
Conference fees						
Other						
Total amount owing to employee						

G/L Account Number _____

Signature _____ Date _____



PAWTUCKET SCHOOL DEPARTMENT
 286 MAIN STREET
 PAWTUCKET, RI 02860

VOUCHER PAYMENT REQUEST FORM

Requestor: _____ Date: _____

School/Department: _____

Check Payable to:

Name _____

Address _____

City, State, Zip _____

Explanation for voucher payment or reimbursement request

Travel Reimbursement - see attached Travel Reimbursement Expense Form

(all invoices, receipts, proof of payment must be attached in order to be approved for payment)

*This form is primarily used for the reimbursement of approved travel and out of circumstance purchases.
 This form is not a substitution to utilizing the automated purchase order system in a timely manner.*

	AMOUNT
G/L Account Code _____	
G/L Account Description _____	
G/L Account Code _____	
G/L Account Description _____	
TOTAL	_____

Dept/School Administrator Approval _____ Date: _____

Asst. Superintendent Approval _____ Date: _____

(Asst. Supt. signature needed for Building Administrators)

Superintendent Approval _____ Date: _____

Business Office Approval _____ Date: _____