Amelia County Public Schools
Travel Voucher

Traveler: _____ Month of: _____

Date	Purpose or Nature of Trip	*Miles Traveled	*Meals	Tips	Lodging	Tolls/ Parking/ Other	Daily Total
	TOTALS						
						Mileage at $0.555	

Travel Advance Number: _____ Amount _____

Total Expense to be Reimbursed

Signature: _____ Date: _____

Principal: _____ Date: _____

Superintendent: _____ Date: _____

***As per School Board Policy - Meals are a maximum of $35 per day, gratuity is 15% of your bill, and mileage is 55.5 cents per mile.**

revised: 12/12
vmj