

Travel Expense Reimbursement Voucher

Name of meeting: SEAC Meeting

Date of meeting: _____

Name:
Street Address:
City, State, Zip:

Are you a State Employee?

☐

Yes

☐

No

Please attach the following types of receipts: road tolls, taxi, shuttle, hotel, airfare

(meal receipts are not required, you will be reimbursed at per diem rates for meals not provided)

Substitute Teacher Pay \$_____ for USD _____.

Meals provided: (list dates & meals here):

Date	Breakfast	Lunch	Dinner

(Do not write in grey column; for office use only)

Date & Time Left Home:		Per Diem
Date & Time Arrived Home:		
Parking, Toll or Other Fees: <i>(attach receipts)</i>		
Car Mileage (round trip):		
Hotel <i>(attach receipts)</i> :		
		TOTAL:

Signature

Date

Return To: Joyce Broils
KSDE-Special Education and Title Services
900 SW Jackson Street, Suite 102
Topeka, KS 66612-1212
Joyce.Broils@ksde.gov