

**Travel Expense Invoice**

**Submit in Duplicate**

NAME \_\_\_\_\_ OFFICE/SCHOOL \_\_\_\_\_

**TO THE OFFICE OF BUSINESS AFFAIRS:**

I hereby certify that the goods and services specified below have been previously authorized and request that this invoice be therefore approved for payment.

**CERTIFIED CORRECT:** \_\_\_\_\_  
*Signature* *Date Submitted*

		RELATED EXPENSES	
DATE	MEETING DESCRIPTION/LOCATION	ITEM EXPLANATION* (i.e. registration, meals, lodging, fuel, etc.)	AMOUNT
_____ Code		_____ Signature of Principal/Designee	<b>TOTAL</b>

**EXPENDITURE RECEIPTS MUST BE ATTACHED TO THIS INVOICE FOR REQUESTED REIMBURSEMENTS!** (Exception: Receipts are not required for meals unless additional cost for meals were preapproved.)

\* Be sure to list total miles traveled, number of meals, number of nights lodging, etc. Mileage is reimbursed at \_\_\_\_\_ per mile.

**RELATED PROCEDURE:** 04.31 AP.2 (District procurement cards)

Review/Revised:9/27/11