


St. John School District #3							
							
Individual Travel Voucher							
Name:							
Event	Location	Travel Began	Travel Ended	Mileage	Meals	Lodging	Miscellaneous
Lodging Direct Bill: _____			Rate:	0.655			
Vehicle Drove: _____			Totals:				

TOTAL AMOUNT Reimbursed: \$_____

SUI Auto Pmt _____ Bank ACH Pmt _____

Effective Date of Pmt: _____

Signature: _____

Authorization: _____

GL Expense: _____ Amt _____

GL Expense: _____ Amt _____

Date: _____

Date: _____

***NOTE: IF YOU DO NOT ATTEND, YOU MUST REIMBURSE THE SCHOOL.