

Entiat School District #127
SCHOOL DISTRICT VOUCHER
Expense Reimbursement Form

NAME _____

DATE _____

ITEMIZE IN DETAIL ON
REVERSE SIDE

INSTRUCTIONS:

This form must be used for all claims for review for reimbursement of expenses necessarily incurred.

All items of expense must be entered in order of payment, with date and nature.

Whenever necessary for purposes of explanation or identification of an item, more than one line may be used.

Claim will not be reviewed unless all information called for on reverse of this voucher is shown in detail.

The attention of the claimant is called to Sec. 2353, Remington's Compiled Statutes, which provides that any person swearing falsely in an affidavit shall be guilty of perjury in the second degree, and shall be punished by imprisonment in the state penitentiary for not more than five years, or by imprisonment in the county jail for not more than one year.

SUMMARY OF EXPENSES

Meals.....\$ _____

Hotel Rooms.....\$ _____

_____ Miles Traveled @ .7¢/Mile \$ _____

Taxi, Bus, Rail, Boat or Fares Paid

(Federal Transportation Taxes not included)....\$ _____

Other Expenditures

(Receipts Attached)\$ _____

TOTAL.....\$ _____

CERTIFICATION

I hereby certify under penalty of perjury that this is a true and correct claim of necessary expenses incurred by me and that no payment has been received by me on account thereof.

Signed _____

Title _____

BUDGET DISTRIBUTION

	\$
	\$
	\$
	\$

Approved by Supervisor

MONTH _____, 2025

DETAIL OF EXPENSES

Day Of Month	Break- fast	Lunch	Dinner	Hotel Room	Miles Traveled	LOCATION/CITY	PURPOSE OR REASON FOR TRIP
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
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20							
21							
22							
23							
24							
25							
26							
27							
28							
29							
30							
31							
Total							

OTHER EXPENDITURES (Receipts Attached) & TRANSPORTATION FARES

[illegible]