

# Sarcoxie R-II School District

## Payment/Reimbursement Voucher

(This form should be accurately and fully completed. Submit to the Superintendent's office with approval signatures. Must be submitted within 7 days following the activity.)

Date of Activity (Trip): \_\_\_\_\_

Destination or Site of Activity: \_\_\_\_\_

### Reason for Payment:

#### I. Officiating

#### Junior High

#### High School

\_\_ Girls Basketball

\_\_ Girls Basketball

\_\_ Boys Basketball

\_\_ Boys Basketball

\_\_ Football

\_\_ Football

\_\_ Volleyball

\_\_ Volleyball

\_\_ Softball

\_\_ Baseball

Number of games \_\_\_\_\_ @ \$ \_\_\_\_\_ per game = \$ \_\_\_\_\_

Number of miles \_\_\_\_\_ @ \_\_\_\_\_ Cent per mile = \$ \_\_\_\_\_

**I. Total Due = \$ \_\_\_\_\_**

#### II. Faculty/Staff Mileage Reimbursement

Explanation of Activity:

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Charge to Department/Organization: \_\_\_\_\_

Number of miles \_\_\_\_\_ @ \_\_\_\_\_ Cent per mile = \$ \_\_\_\_\_

**II. Total Due = \$ \_\_\_\_\_**

#### III. Faculty/Staff Expense Reimbursement

Explanation of Activity:

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Charge to Department/Organization: \_\_\_\_\_

**III. Total Due = \$ \_\_\_\_\_**

**Total Due for all sections = \$ \_\_\_\_\_**

#### Make Check Payable to:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

#### Approved By:

Dept. Head: \_\_\_\_\_

Principal: \_\_\_\_\_

Superintendent: \_\_\_\_\_