

LOWER CAPE MAY REGIONAL SCHOOL DISTRICT

687 ROUTE 9 – CAPE MAY, NJ 08204-4697
TELEPHONE: (609) 884-3475
FAX: (609) 884-7067
www.lcmrschooldistrict.com



EXPENSE VOUCHER - REQUEST FOR REIMBURSEMENT

Payable to (Name): _____

Address: _____

Description of Trip: _____

Date(s) of Trip: _____

Departing From: _____ Destination: _____

Round-Trip (Circle one): Yes // No

ALL RECEIPTS/EZ PASS STATEMENTS MUST BE ATTACHED FOR REIMBURSEMENT TO BE APPROVED

Mileage: _____ miles @ \$0.47 per mile \$ _____

Tolls (Receipts/EZ Pass statement attached) \$ _____

Meals (Receipts attached) \$ _____

Other Expenses (Itemized list attached) \$ _____

TOTAL REIMBURSEMENT DUE \$ _____

CLAIMANT'S CERTIFICATION:

I HEREBY CERTIFY THAT THE ABOVE CLAIM IS CORRECT. THE AMOUNT IS DUE AND OWING TO ME AND WAS REGULARLY INCURRED.

SIGNATURE OF CLAIMANT: _____ DATE: _____

REVERSE SIDE OF THIS DOCUMENT MUST BE COMPLETED IN ORDER FOR REIMBURSEMENT TO BE ISSUED

OFFICE USE ONLY

(Do Not Write Below this Line)

APPROVED FOR PAYMENT BY:

Principal/Vice Principal/Other Administrator: _____ DATE: _____

Athletic Director: _____ DATE: _____

Superintendent: _____ DATE: _____

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LOWER CAPE MAY REGIONAL SCHOOL DISTRICT PROFESSIONAL DEVELOPMENT - PROGRAM REPORT

State law on travel expenditures (N.J.S.A. 18A:11-12) require the Lower Cape May Regional School District to implement policies and procedures pertaining to travel expenditures and reimbursement. Detailed information is available on the district website, under "District Forms." In order to obtain reimbursement, state law requires you to submit a program report. Provide a brief report below that includes the primary purpose for the travel, the key issues that were addressed and their relevance to improving instruction or the operation of the school district. Also, please indicate how this information will be shared with others in the district.

Name: _____

School/Department/Grade: _____

Professional Development Program: _____

Program Presented By: _____

Brief Description: _____

Staff Signature: _____ Date: _____

Failure to follow requirements of the law and procedures established by the Board of Education will result in denial of request for reimbursement of expenses and may subject employee to personal financial penalties.