

# Doniphan County Education Cooperative #616

P.O. Box 399

135 South Main

Troy, Kansas 66087

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## EXPENSE REQUISITION AND CLAIM VOUCHER

\_\_\_\_\_ ( Date )

\_\_\_\_\_ ( P.O. # )

**PART 1:**

\_\_\_\_\_ ( Name ) \_\_\_\_\_ ( District location )

\_\_\_\_\_ ( Your assignment at District location ) \_\_\_\_\_ ( Home address, including zip code )

\_\_\_\_\_ ( Type of meeting, location, and dates to attend )

Estimated cost:

A. Travel Expense:( by car?)\_\_\_\_\_ ( by air?)\_\_\_\_\_ Estimated cost of travel \$\_\_\_\_\_

Will travel be charged to DCEC? Yes\_\_\_ No\_\_\_

B. Lodging: Number of nights: \_\_\_\_\_ Estimated cost of lodging \$\_\_\_\_\_

C. Meals: Number of Meals: \_\_\_\_\_ Estimated cost of meals \$\_\_\_\_\_

D. Miscellaneous: ( Registration fees, etc.) \_\_\_\_\_ Estimated cost of miscellaneous\$\_\_\_\_\_

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### PART 2: ITEMIZED EXPENSE CLAIM

Lodging expense and Meals	Travel explained and Cost:	Miscellaneous expenses:																																															
<table style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 15%;">Rate:</th> <th style="width: 15%;">Nights</th> <th style="width: 15%;">Total</th> </tr> <tr> <td>\$ _____</td> <td></td> <td>\$ _____</td> </tr> <tr> <td>\$ _____</td> <td></td> <td>\$ _____</td> </tr> <tr> <td>\$ _____</td> <td></td> <td>\$ _____</td> </tr> <tr> <td>\$ _____</td> <td></td> <td>\$ _____</td> </tr> <tr> <td>\$ _____</td> <td></td> <td>\$ _____</td> </tr> <tr> <td colspan="2">TOTALS \$ _____</td> <td></td> </tr> </table>	Rate:	Nights	Total	\$ _____		\$ _____	\$ _____		\$ _____	\$ _____		\$ _____	\$ _____		\$ _____	\$ _____		\$ _____	TOTALS \$ _____			<table style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 15%;">(Miles x .48 per mile)</th> <th style="width: 15%;">Cost</th> </tr> <tr> <td>_____</td> <td>\$ _____</td> </tr> <tr> <td>_____</td> <td>\$ _____</td> </tr> <tr> <td>_____</td> <td>\$ _____</td> </tr> <tr> <td>_____</td> <td>\$ _____</td> </tr> <tr> <td>_____</td> <td>\$ _____</td> </tr> <tr> <td>TOTAL</td> <td>\$ _____</td> </tr> </table>	(Miles x .48 per mile)	Cost	_____	\$ _____	_____	\$ _____	_____	\$ _____	_____	\$ _____	_____	\$ _____	TOTAL	\$ _____	<table style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 15%;">Registration, tips, etc.</th> <th style="width: 15%;">Amount</th> </tr> <tr> <td>_____</td> <td>\$ _____</td> </tr> <tr> <td>_____</td> <td>\$ _____</td> </tr> <tr> <td>_____</td> <td>\$ _____</td> </tr> <tr> <td>_____</td> <td>\$ _____</td> </tr> <tr> <td>TOTAL</td> <td>\$ _____</td> </tr> </table>	Registration, tips, etc.	Amount	_____	\$ _____	_____	\$ _____	_____	\$ _____	_____	\$ _____	TOTAL	\$ _____
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**INITIATED BY:**  
**Professional** \_\_\_\_\_

Total from Itemized Expenses...\$ \_\_\_\_\_

**Administrative** \_\_\_\_\_

Less: Travel charged to DCEC \$ \_\_\_\_\_

Net amount claimed..... \$ \_\_\_\_\_

\_\_\_\_\_ Signature of Claimant

\_\_\_\_\_ Signature of Director