



Hayfield Community Schools

9 Sixth Avenue SE, Hayfield, MN 55940

<http://www.hayfield.k12.mn.us>



Mission: To provide a safe learning environment that prepares, challenges, and inspires students for life

Claim / Expense Voucher

Payable to: _____

Date: ____/____/____

General Description of Activity Creating Expense:

.....
Indicate: Month, Day & Year

ACTIVITY						Total per Activity
Mileage (See other side)						
Gas *						
Parking *						
Lodging *						
Meals * (See other side)						
Supplies *						
Other Expenses*						
Employee Stipend						
Total						

* Receipts Required

I declare under the penalties of law that this amount, claim or demand is just and that no part of it has been paid.

Signed _____

Claimant or Agent of Claimant

FOR OFFICE USE

Principal's Signature & Date

Superintendent's Signature & Date

UFARS CODE

AMOUNT

VENDOR _____

0 ____ - ____ - ____ - ____ - ____ - ____

\$ _____

0 ____ - ____ - ____ - ____ - ____ - ____

\$ _____

DATE _____

0 ____ - ____ - ____ - ____ - ____ - ____

\$ _____

0 ____ - ____ - ____ - ____ - ____ - ____

\$ _____

Mileage Detail

Detail by day — Point of Origination and Destination(s)

Date	From	To	To	To	Total Miles

Total Miles _____

Current Mileage Rate: \$.49/mile (as of January 1, 2016)

Meal Schedule (Revised 01/16/01)

Breakfast	\$ 8.00
Lunch	\$12.50
Dinner	\$18.00
All Day (Maximum paid daily)	\$38.50