



# Jackson High School ASB Office

Check #: \_\_\_\_\_ Date: \_\_\_\_\_ Amount \$: \_\_\_\_\_

## ASB Travel Allowance Voucher

Date: \_\_\_\_\_ ADVISOR / COACH: \_\_\_\_\_

Club/Athletic Code #: \_\_\_\_\_ Total Amount \$: \_\_\_\_\_

Activity: \_\_\_\_\_ Payee: \_\_\_\_\_

Description of Function: \_\_\_\_\_

Departure Date: \_\_\_\_\_ Departure Time: \_\_\_\_\_

Return Date: \_\_\_\_\_ Return Time: \_\_\_\_\_

**Travel allowance is approved for the following students:** (Or attach a roster.)

*Note: Advisor/coach meals and travel fall under specific district policies, and all receipting MUST be separate.*


**Allowance  
Computation:**

I understand that the above described travel allowance is being paid to me and that it is my responsibility to distribute the designated amount to each person or pay the expense on their behalf. In the event that some of the persons listed above do not make the trip or in the event that some of the expenses are not incurred, I agree to refund the appropriate amount to the ASB treasury immediately upon completion of the trip. Finally, I will complete and return an itemized "Student Expense Statement" with original receipts attached in order to complete/reconcile this transaction.

Agreed to by Payee: \_\_\_\_\_

### APPROVAL FOR PAYMENT

\_\_\_\_\_  
Student Activity Representative                      Date                      ASB Treasurer                      Date

\_\_\_\_\_  
Activity Advisor/Coach                      Date                      Primary Advisor                      Date