

**East Tallahatchie School District
Voucher for Reimbursement of Expenses
Incident to Official Travel**

Name: _____

Address: _____

Date(s) Traveled: _____

Name of Meeting: _____

Destination: _____

Central Office Use Only:
Funding Source/Account Code _____

AN APPROVED FORM FORM 202 OR FORM 302 MUST BE ATTACHED IN ORDER TO RECEIVE REIMBURSEMENT.

MEALS: \$68 per day

Mileage: \$.70 per mile

GROUND TRANSPORTATION: Actual Mileage (Daily totals reported on back of form) \$ _____

AIR TRANSPORTATION: (Must attach copy of airline ticket) \$ _____

MOTEL EXPENSE: (Must attach receipt) (deduct phone calls,
movies, meals, etc., before entering amount) \$ _____

MEALS*: Receipts must be attached & daily totals reported on back of form. \$ _____

REGISTRATION FEE: (If not paid in advance) (Must attach receipt) \$ _____

OTHER EXPENSES: (Must List Individually & Attach Receipts: i.e., Taxi, parking, tips,
rental car, gasoline (if not claiming mileage, etc.)) \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

TOTAL REIMBURSEMENT AMOUNT REQUESTED:

\$ _____

I certify that the above amount claimed by me for expenses is true and just in all respects.

Signature of Employee requesting reimbursement:

Date

Signature of Principal, Director or Supervisor (Required)

Date

Signature of Superintendent

Date

NOTE: Meal reimbursement is allowed ONLY if an overnight stay is required.

Revised • 10/01/2025

BREAKDOWN OF SUBSISTENCE AND TRAVEL

Expenses are to be recorded by the day, not the trip.

[illegible]**OTHER AUTHORIZED EXPENSES:**

e.g. Registration, meal tips (subject to daily limit), bags, parking, and ground transportation (Out-of-State)

.. Receipts must be attached for all expenses. e.g. Meals, Registration, and Taxi