WEST BOLIVAR CONSOLIDATED SCHOOL DISTRICT

TRAVEL VOUCHER REQUESTED BY____ POSITION_____ PURPOSE OF TRIP TO FROM _____ POINT VISITED TOTAL DATE MILES AMOUNT OF CLAIM (total miles @ .58 per mile) ONE WAY **MILES** SUBTOTAL \$ *MEALS_____ DAYS \$41.00 PER DAY------\$____ **Oxford, MS-\$51.00; Southaven, MS & Starksville, MS-\$46.00 OTHER EXPENSES (LIST & DOCUMENT) ------\$_____ TOTAL EXPENSES CLAIMES FOR REIMBURSEMENT: \$_____ It is the policy of West Bolivar Consolidated School District that all reasonable and necessary expenses for official travel incurred by district employees are reimbursed according to the laws of the State of Mississippi. Penalty for presenting fraudulent claim is a fine of no more than \$250.00; civil liability for the full amount received illegally, and in addition, removal from office or position held by the person presenting such claim (Section 25-3-45, Mississippi Code 1972). REQUESTER'S SIGNATURE PRINCIPAL'S/SUPERVISIOR'S SIGNATURE

*MEAL CLAIM BASED ON OVERNIGHT STAY

MUST BE ON GREEN PAPER

SUPERINTENDENT'S SIGNATURE