

**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: \_\_\_\_\_

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

**Meals: \$68 per day**

**Mileage: \$0.70 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 - 01/15/25

### BREAKDOWN OF SUBSISTENCE AND TRAVEL

**Expenses are to be recorded by the day, not by 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**