

## East Tallahatchie School District

Raymond Russel, Superintendent  
411 East Chestnut Street  
Charleston, MS 38921  
662-647-5524 phone • 662-647-3720 fax

## **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: \$59 per day (depending on destination); Mileage: \$.0655 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.)		\$ _____ \$ _____ \$ _____ \$ _____
<b>TOTAL REIMBURSEMENT AMOUNT REQUESTED:</b>		\$ _____

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

Signature of Employee requesting reimbursement:

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Date

Signature of Principal, Director or Supervisor (Required)

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**Signature of Superintendent**

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

Revised • 4/17/2024

## BREAKDOWN OF SUBSISTENCE AND TRAVEL

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

#### **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