



UNION COUNTY SCHOOL DISTRICT

Building The Future One Child At A Time

TRAVEL VOUCHER

Name: _____

Address: _____

I request reimbursement for subsistence and other authorized expenses paid by me incident to official travel for the State from _____ to _____. The itemized statement follows.
(date) *(date)*

FOR OFFICE USE ONLY:	
Purchase Order#	
Claim #	
FOR OFFICE USE ONLY/FUND CODE:	
FUND	
GLC	900
FUNCTION	
PROGRAM	
OBJECT	
UNIT	

Taxable Meals	
Tips	
Lodging	
Travel in Private Vehicle	
Other:	
Total Travel Due	

Subject to any difference determined by verification, I certify that the above amount claimed by me for travel expenses for the period indicated is true and accurate in all respects, and that payment for any part has not been received. In the event of overpayment, I agree that any future salary/travel disbursements may be debited to correct the overpayment.

Signature of Payee: _____ Title: _____ Date: _____

Verified by: _____ Title: _____ Date: _____

Approved by: _____ Title: _____ Date: _____

PENALTY FOR FRAUDULENT CLAIM - fine of not more than \$250; civilly liable for full amount received illegally; removal from office or position held (Section 25-1-81 and 25-1-91, Miss. Code Ann.-1972)

Tips can not exceed 10% of the daily meal allowance. Meals are reimburseable if lodging is required. If lodging is paid with a school check, please indicate the name of hotel.

Itemized Statement of Travel Expense

Date	Purpose	Points of Travel From /To	Miles	Actual Breakfast	Actual Lunch	Actual Dinner	Daily Max	Daily Meals Allowed	Hotel	Other Authorized Expenses	
										Item	Amount
Total			0.0	0.00	0.00	0.00		0.00	0.00		0.00
		Mileage Reimbursement Rate	.67								
		Total Mileage Dollar Amount	0.00								