

## 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: \$0.725 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 - 01/16/26

